Scottish Regional Resilience Partnerships’ Framework for Exotic Notifiable Animal Diseases Contingency Plans
This plan focuses on the tactical and operational detail of a local response to an outbreak of an exotic notifiable animal disease. It provides an overview of the operational role of each responder and guidance on how they work together to discharge statutory responsibilities in controlling the disease and informing the public.
Contents

1. INTRODUCTION .................................................................................................. 3
  1.1. Background .................................................................................................. 3
  1.2. Definition of an exotic notifiable animal disease .................................... 3
  1.3. Aims and objectives .................................................................................. 4
  1.4. Exercising and review of plan ................................................................. 4
  1.5. Glossary of terms ..................................................................................... 5
  1.6. Appendices ............................................................................................... 5

2. ACTIVATION ..................................................................................................... 6
  2.1. Actions on suspicion of disease ............................................................... 6
  2.2. Actions on confirmation of disease .......................................................... 7

3. COMMAND AND CONTROL STRUCTURES ............................................. 9
  3.1. Response levels ....................................................................................... 9
  3.2. Local Disease Control Centre (LDCC) .................................................... 9
  3.4. Resilience Partnerships .......................................................................... 11
  3.5. NHS led Incident Management Team (National IMT) .......................... 13
  3.6. Scientific and Technical Advice .............................................................. 13

4. ROLES AND RESPONSIBILITIES ............................................................... 15
  4.1. General ..................................................................................................... 15
  4.2. Animal and Plant Health Agency (APHA) .......................................... 15
  4.3. Scottish Government ............................................................................. 18
  4.4. Local Authorities ................................................................................... 19
  4.5. Police Scotland ....................................................................................... 21
  4.6. Scottish Environment Protection Agency (SEPA) ................................ 23
  4.7. NHS Boards .......................................................................................... 24
  4.8. Health Protection Scotland (HPS) ........................................................... 25
  4.9. Food Standards Scotland (FSS) ............................................................... 26
  4.10. Scottish Society for the Prevention of Cruelty to Animals (SSPCA) .... 26
  4.11. Scottish Water ....................................................................................... 26
  4.12. Traffic Scotland .................................................................................... 27
  4.13. Scottish Fire and Rescue Service .......................................................... 27
  4.14. Military .................................................................................................. 27
  4.15. Scottish Natural Heritage (SNH) ............................................................ 28
  4.16. Industry groups ................................................................................... 28

5. COMMUNICATIONS ...................................................................................... 29
  5.1. National level communications ............................................................. 29
  5.2. Local communications .......................................................................... 31
5.3. Communication during a zoonotic disease outbreak ........................................... 32

6. RECOVERY .................................................................................................................. 34

6.1. General ...................................................................................................................... 34

6.2. Regionalisation ......................................................................................................... 34

6.3. Compartmentalisation .............................................................................................. 34

6.4. Recovery Co-ordinating Group (RCG) ................................................................. 34

Appendix A: Map of the Resilience Partnership (RRP) and NHS board areas ............... 36
Appendix B: Summary of controls for key notifiable diseases ...................................... 38
Appendix C: Amendments and Exercise Record ............................................................. 40
Appendix D: Glossary of terms ....................................................................................... 41
Appendix E: APHA operational partners notification form template ............................ 46
Appendix F: Contact directory maintained by APHA local offices ................................. 47
Appendix G: Battle Rhythm ............................................................................................ 48
Appendix H: Foot and Mouth Disease (FMD) ............................................................... 49
Appendix I: Avian Influenza (AI) .................................................................................. 55
Appendix J: Newcastle Disease (ND) ............................................................................ 64
Appendix K: Swine Vesicular Disease (SVD) ................................................................. 70
Appendix L: Bluetongue virus (BTV) ............................................................................. 75
Appendix M: Rabies (RAB) ........................................................................................... 80
Appendix N: Swine Fever (SF) ....................................................................................... 90
1. INTRODUCTION

1.1. Background

1.1.1. This plan follows agreement between all three Regional Resilience Partnerships’ (RRP) Animal Health Sub Groups to develop a single Scottish animal disease framework plan. It details a consistent command and control structure for responding to suspect and confirmed outbreaks of exotic notifiable animal diseases and provides a framework to facilitate joint training.

1.1.2. This is a multi-agency operational plan aimed at category 1 and category 2 responders as laid out in the Civil Contingency Act 2004\(^1\). It does not detail the role of national (Scottish or UK) strategic command and control structures which are already explained in detail in both the Scottish Government’s Exotic Diseases of Animals Contingency Plan\(^2\) and the United Kingdom Contingency Plan for Exotic Notifiable Diseases of Animals.

1.2. Definition of an exotic notifiable animal disease

1.2.1. The term notifiable disease means there is a legal obligation to notify the relevant authority, in most cases the Animal and Plant Health Agency (APHA), if a person suspects disease. These diseases are notifiable because of their potential, in most cases, for very serious and rapid spread. They can have serious socioeconomic or public health consequences and are of major importance to international trade of animals or animal products. Notifiable diseases are named in Section 88 of the Animal Health Act 1981 or an Order made under the Act. A full list of current notifiable diseases can be found at \(\text{http://www.gov.scot/notifiable-diseases}\).\(^3\) The term exotic refers to a disease that is not currently present in the UK e.g. foot and mouth disease. Endemic diseases are those which are already present in the UK e.g. sheep scab.

1.2.2. A notifiable animal disease outbreak is included in the UK 2015 National Risk Register\(^4\) because it is considered likely to have a significant impact. RRP’s and Local Resilience Partnerships (LRPs) are required to interpret the risks in the National Risk Register and the National Risk Assessment at a local level which forms part of the Community Risk Register. This plan outlines how multiple partners would respond to a notifiable animal disease outbreak. A map of RRP and LRP areas are attached at Appendix A.

---

\(^1\) http://www.legislation.gov.uk/ukpga/2004/36/data.pdf
\(^2\) http://www.gov.scot/ahwcontingencyplans
\(^3\) A table containing a list of notifiable diseases, the species affected, how the disease can be spread and the size of zones that may apply if that disease were to be confirmed is provided at Appendix B.
1.2.3. The Scottish Government lead on responding to most suspect or confirmed notifiable animal disease outbreaks and APHA is the lead operational partner (note however, the NHS board is lead partner with respect to public health consequences of zoonotic disease). For information on how to respond to non-notifiable or endemic disease contact your regional APHA office5.

1.3. Aims and objectives

1.3.1. This plan provides specific information on how and when operational partners should respond to a suspect or confirmed exotic notifiable animal disease outbreak. The principal **aims** of this document are to:

- ensure a timely, co-ordinated and consistent multi-agency response to an outbreak.
- identify roles and responsibilities of appropriate organisations so these are understood in an outbreak.
- act as a source of reference for those involved in response to an outbreak.
- control any exotic notifiable animal disease outbreak and eradicate the disease at the earliest opportunity with minimal impact on members of the public.

1.3.2. The principal **objectives** of this document are to:

- provide contingency information to local authorities, Police Scotland and other appropriate agencies to enable them to discharge their responsibilities.
- provide a framework for each organisation to develop its own detailed operational response plan (and in some cases a generic operational plan that can be adapted by local authorities both for consistency/mutual aid, where officers can assist other authorities, and training/exercising).

1.4. Exercising and review of plan

1.4.1. This template document will be subjected to appropriate review and exercise and a record kept of such in **Appendix C – Amendments and Exercise Record**. As this is a national (Scottish) framework document it presents an opportunity to test it at a national level over and above regional/local exercises. The document in its draft form has already been tested at a national level during Exercise Cerberus, a national rabies exercise for operational partners in Scotland.

1.4.2. For suggestions and amendments to the template document please email:

5 https://www.gov.uk/government/organisations/animal-and-plant-health-agency/about/access-and-opening#field-services
1.5. Glossary of terms

1.5.1. A glossary of terms used in this document is provided at Appendix D.

1.6. Appendices

1.6.1. Disease specific appendices have been provided which contain information about specific exotic notifiable diseases and details about the response that is required to control them along with relevant legislation. The disease specific appendices will be reviewed annually jointly by a working group established from membership of the 3 RRP Animal Health Sub Groups.
2. ACTIVATION

2.1. Actions on suspicion of disease

2.1.1. Notification

When APHA has been informed about a suspect notifiable disease that requires investigation by an official veterinarian, APHA Scotland will alert relevant operational partners as agreed with the Head of Field Delivery (Scotland). The timing and method of communication to operational partners will be based on a veterinary risk assessment of the likely consequences and impact of the disease suspected. Any email notifications will be on form EDO12 Suspect Disease Notification (see Appendix E). The form will contain the address of the suspect premises, species of animals, possible disease type and any restrictions placed on the premises.

A contact directory is maintained by APHA local offices – see Appendix F. Changes to contact details should be advised immediately by email to APHA.Scotland@apha.gsi.gov.uk. A completed version of Appendix F is available on APHA’s Resilience Direct site (see para 2.2.3 below) so operational partners will be able to check and update contact details held by APHA.

2.1.2. Premises placed under restriction

The premises where disease is suspected will be placed under restrictions preventing any movement of things liable to spread disease such as livestock, vehicles and visitors. At this stage disease could be confirmed based on clinical grounds, although this is only likely to happen if there is an on-going outbreak and a known epidemiological link to confirmed disease. If disease cannot be ruled out on clinical examination, samples will be taken and sent for laboratory analysis. In some circumstances Scottish Ministers may put in place a temporary control zone (TCZ). The Disease Strategy Group (DSG) may be activated by the Scottish Government to co-ordinate and manage the Scottish disease control response at this point depending on the circumstances. APHA will update operational partners as the veterinary investigation progresses. APHA hold the details of lead responders and will review the details regularly to ensure the most up to date contact details.

If suspicion of disease is strong an Amber Teleconference chaired by CVO will be organised. Its purpose is to apprise all concerned of the situation, assess risk, and agree future actions. The Scottish Government will be responsible for ensuring Scottish operational partner agencies are able to participate in the teleconference. Those organisations outwith central government who would be invited to participate in the Amber Teleconference would be a local authority representatives, Police Scotland, SEPA, SNH, Scottish SPCA, FSS, FSA, NHS board CPH(M) and HPS.
2.2. Actions on confirmation of disease

2.2.1. General

The Scottish Government’s Chief Veterinary Officer (CVO) is responsible for confirming disease outbreaks in Scotland. On confirmation of any exotic notifiable animal disease in Scotland the DSG will be established to co-ordinate and manage the Scottish disease control response. The lead agencies for co-ordinating the operational response is APHA. On confirmation APHA will establish a Local Disease Control Centre (LDCC) usually in Perth and a GB National Disease Control Centre (NDCC). The Scottish Government’s response to exotic disease outbreaks is outlined in its contingency framework plan\(^6\).

2.2.2. Preventing the Spread of Disease

Once disease has been confirmed the primary objective is to prevent the spread of disease and, for zoonotic infections, to protect public health. This is achieved by:

- taking action on the infected premises (IP). For most diseases this will involve culling and disposing of all susceptible livestock species and where appropriate, control of potential wildlife vectors of disease, eg rats.
- imposing wider area based livestock movement controls. See appendix B for a summary of controls introduced for some key diseases.
- placing controls on animal products.
- investigating the origin of the outbreak and potential spread of disease.
- enhancing surveillance to identify any further spread of disease.
- for zoonotic infections - assessing risks to responders and the public and implementing appropriate control measures e.g. personal protective equipment (PPE), pre or post exposure prophylaxis.

For most diseases a protection zone (PZ) with a minimum radius of 3 km will be put in place around the IP; a wider surveillance zone (SZ) with a minimum radius of 10 km from the IP would also be put in place. The PZ will be subject to more stringent movement controls than the SZ. If disease is confirmed on an island, it is possible the whole island may be placed under area based movement controls.

2.2.3. Summary of notices

A restriction notice is a legal document issued by the relevant authority, usually a veterinary inspector or an inspector appointed under the Animal Health Act 1981. A restriction notice is issued to comply with relevant

\(^6\) http://www.gov.scot/ahwcontingencyplans
disease control legislation e.g. to restrict the movement of susceptible animals from premises where disease may be suspected. The notices for all exotic notifiable diseases have a consistent numbering system. However, separate forms are needed for each disease because the specific legislation is referred to in individual notices. These notices can only be amended or withdrawn on the authorisation of the relevant authority. This will be defined in the relevant legislation but usually a veterinary inspector but in some circumstances also an inspector appointed under the Animal Health Act.

A set of template notices for rabies have been placed on to a section of APHA’s site within Resilience Direct along with a brief explanation of their intended purpose. **To access this you need to have a Resilience Direct account and request to be a member of the user group “Joint APHA and Scottish Government Guest Area”**. This resource will support training of staff within local authorities with an enforcement role. Other diseases covered in the annex of this framework contingency plan will be made available early in 2017. Users must be registered on Resilience Direct with their own organisation before requesting access to the template notices.
3. COMMAND AND CONTROL STRUCTURES

3.1. Response levels

3.1.1. Scottish Ministers have a legal responsibility to control notifiable animal diseases in Scotland. Strategic direction during an outbreak is provided by the Scottish Government through the Disease Strategy Group (DSG). APHA is the lead agency responsible for dealing with the operational response to an outbreak and will initiate the local response on behalf of Scottish Government. On confirmation of disease APHA will establish a National Disease Control Centre (NDCC) to command, control and co-ordinate a response for those involved in controlling the disease at an operational level. Where disease crosses administrative boundaries the NDCC will co-ordinate APHA activities across GB.

3.1.2. If necessary the Scottish Government Resilience Room (SGoRR) will be activated to co-ordinate the response required to manage the wider consequences of an outbreak.

3.2. Local Disease Control Centre (LDCC)

3.2.1. General

Upon confirmation of an exotic notifiable disease in Scotland APHA will establish a Local Disease Control Centre (LDCC). The LDCC would likely be located in the APHA office in Strathearn House, Perth to manage the operational response. APHA’s Head of Field Delivery Scotland (HoFDS) will become the Outbreak Director for Scotland to provide leadership and direction for the LDCC. The Outbreak Director for Scotland will consider establishing a Forward Operations Base (FOB) close to the outbreak to provide a local base for staff involved in patrolling, surveillance and field operations activities.

3.2.2. LDCC Management Control Team (MCT)

The Management Control Team (MCT) is the tactical executive body embedded within the LDCC to deal with issues of:

- resources
- Local implementation problems of national policy
- local communications with stakeholders and the media

Each of the key operational partners will have a representative at the MCT. To ensure rapid decision making this should be a senior officer involved in the outbreak (teleconferencing facilities will be made available for those unable to attend in person). **Membership of the MCT should be agreed in advance of an outbreak with names of nominated deputies also provided to cover annual leave and sick absences.** A contact directory is maintained by APHA local offices (see para 2.1.1 above).
It is recognised that it is unlikely that in all situation operational partners will be able to have a representative physically attending the meetings therefore the option of attending these meetings by teleconference will be available.

In the event of disease confirmation (less likely on suspicion) in Scotland the Outbreak Director for Scotland will arrange for APHA’s Communications Team to contact the appropriate members of the MCT relevant to the disease in question to arrange the first meeting. MCT members may need to be contacted out of normal working hours or at weekends. The Outbreak Director for Scotland will chair the meetings. The MCT will meet regularly, normally twice a day during the initial phase of the disease response, but probably less frequently in later phases.

The MCT will normally include the following:

- Outbreak Director for Scotland – Chair (APHA)
- Scotland Veterinary Lead (APHA)
- Field Operations Tactical Manager (APHA Field Team leader)
- LDCC Manager (APHA)
- LDCC Finance Manager (APHA)
- APHA Communications
- APHA Resilience Lead
- Scottish Government Communications Liaison Officer
- Scottish Government Principal Agricultural Officer
- Local Authority(ies) Liaison Officer
- Local Authority(ies) Resilience Advisers
- Police Scotland Liaison Officer
- Scottish Environment Protection Agency (SEPA)
- RRP Coordinator
- Consultant (or consultants) in Public Health Medicine (CPH(M))
- Health Protection Scotland (HPS)
- Other organisations may be co-opted as the need arises

In circumstances where public or human health is impacted or at risk, representative from the relevant NHS Board and Health Protection Scotland should be considered as members.

3.3. Local Authority Co-ordinating Groups

3.3.1. General

The local authority co-ordinating groups listed below are represented at the Scottish Framework Agreement Steering Group. The Framework aims to help meet the objectives of the Animal Health and Welfare Strategy for Great
Britain and in turn, meets the requirements of Regulation EC 882/2004\(^7\) on official controls as to ensure effective, accountable and consistent delivery of animal health and welfare services. The Framework Steering Group, chaired by APHA, ensures all Scottish local authorities are signed up to the framework. APHA will regularly discuss with each individual local authority their framework service plan which helps support the planning and delivery of local authority’s animal health and welfare functions. This Framework Steering Group is not a disease control response group but has an important role in disease prevention as it helps in the delivery of critical control point inspections for markets, high risk farm visits, education, advice and training.

Local Authority Co-ordinating Groups include:

- Societies of Chief Officers of Environmental Health and Trading Standards
- Regional Animal Health and Welfare Panels (north, south, central, east and west).
- Scottish Animal Health and Welfare Strategy Group
- National Animal Health and Welfare Panel
- CoSLA
- Local Authority Resilience Group Scotland

3.4. Resilience Partnerships

3.4.1. General

Regional and Local Resilience Partnerships (RRPs/LRPs) are the principal mechanisms for multi-agency co-ordination under The Civil Contingencies Act 2004. They promote co-operation between organisations in preparation for responding to a major emergency, such as a notifiable animal disease outbreak.

A Resilience Partnership may be activated to deal with the wider consequences of the outbreak and ensure that multi-agency response is well co-ordinated and effective. Resilience Partnerships can be convened at a local level or across a wider area depending on the nature of the incident and the organisations involved. Police Scotland, SEPA and the affected local authority will maintain the link between the resilience partnership and disease control response through attendance at the LDCC-MCT and NDCC. If a Resilience Partnership is stood up Police Scotland will be invited to attend the DSG.

Where an animal disease outbreak is zoonotic (i.e. can affect human health) close liaison would take place with Health Protection Scotland and the relevant NHS Board(s). The public health response to the outbreak would be coordinated through a National Incident Management Team (IMT) chaired

by Health Protection Scotland. This National IMT will lead the management and coordination of the public health response in Scotland following the principles set out in the Guidance on the Management of Public Health Incidents.

- Membership of the National IMT would include CsPH(M) from affected NHS board areas and representatives from the APHA, Local Authorities and others as appropriate.

- Local implementation and operational aspects of the public health response, e.g. local arrangements for carrying out risk assessments and provision of pre or post exposure prophylaxis as agreed by the National IMT, will be the responsibility of the NHS board CsPH(M) in the affected area(s). The CPH(M) may convene a local NHS board IMT to facilitate this in line with their local incident management arrangements.

- HPS and the CsPH(M) from relevant NHS board areas would be invited to attend the LDCC MCT and HPS would also attend the DSG.

Figure 1 illustrates the relationship between national (Scottish and UK) and local structures that may be set up to help co-ordinate and manage the disease control response and the links to wider consequence management structures.

Figure 1: National and local diseases control response structures and links to wider consequence management

3.4.2. Activation

It will be for each regional area to determine which Resilience Partnerships should convene based on the specific circumstances of the outbreak. Where regional boundaries are involved an early decision on the configuration of Resilience Partnerships will be reached following
consultation. From the start of an outbreak a Resilience Coordinator will be invited by APHA to attend the LDCC MCT meetings. See para 3.2.2 for more detail on the LDCC MCT.

3.4.3. Role

During the outbreak the role of the Resilience Partnership if convened, would be to:

- protect human life, property and the environment
- minimise the harmful effects of the emergency
- consider the wider consequences of the outbreak
- maintain normal services at an appropriate level as far as possible
- provide mutual support and co-operation between responders
- support local communities
- manage and support an effective and co-ordinated joint response

3.5. NHS led Incident Management Team (National IMT)

3.5.1. General

On suspicion of disease, and if the outbreak has zoonotic potential, the NHS board CsPH(M) will lead the local public health response in close liaison with HPS and in line with local incident management arrangements.

If disease is subsequently confirmed, and has zoonotic potential, National Incident Management Team (IMT) will be convened by HPS to coordinate the multi-agency public health response to the outbreak in Scotland following the principles set out in the Guidance on the Management of Public Health Incidents.

The local NHS board CsPH(M) will represent the NHS board(s) on the National IMT and will be responsible for the local implementation and operational aspects of the public health response to the incident. Representatives from the National IMT will sit on the DSG and the LDCC-MCT to ensure effective liaison and coordination between animal and public health response structures. Similarly, an APHA representative will be invited to attend the National IMT.

3.6. Scientific and Technical Advice

3.6.1. General

During outbreaks of exotic animal diseases, scientific and technical advice on animal disease control is co-ordinated at a Scottish level through the Scottish Government’s Disease Strategy Group (DSG) drawing on veterinary and scientific advice through EPIC (the Centre of Expertise on Animal Disease Outbreaks) or the GB wide National Experts Group (NEG) within the National Disease Control Centre (NDCC). Outputs from these groups can be shared with operational partners. Specific requests for advice from NEG
by operational partners should be routed through the LDCC (or directly to
DSG via SG’s Resilience Division if requests come from responders outwith
an area directly affected by the disease).

Where an animal disease outbreak has zoonotic potential, scientific and
technical advice on the public health implications and management will be
provided by the National Incident Management Team (IMT) chaired by
Health Protection Scotland. Specific requests for advice from the National
IMT by operational partners should be routed through the local CPH(M) who
will be a member of the National IMT.

Depending on the scale and severity of the incident, the Scottish
Government would where necessary request, via the Cabinet Office, the
activation of and/or the support of the Scientific Advisory Group for
Emergencies (SAGE) to consider scientific and technical implications wider
than disease control. If a resilience partnership wishes to establish their own
Scientific and Technical Advice Cell (STAC) (i.e. to provide resilience
partnerships with authoritative information outside of that being considered
by the NEG and the IMTs), they should do so through their normal activation
procedures.

The Scottish Government would where necessary request, via the Cabinet
Office, the activation of and/or the support of Scientific Advisory Group for
Emergencies (SAGE)⁸ to consider scientific and technical implications wider
than disease control.

---

⁸SAGE is a UK level group responsible for coordinating and peer reviewing, as far as possible,
scientific and technical advice to inform decision-making.
guidance.pdf
4. ROLES AND RESPONSIBILITIES

4.1. General

4.1.1. APHA will lead the operational response to an outbreak, but a number of other agencies will be involved. Those agencies will have response plans of their own, however, working together will be essential to provide a co-ordinated response. During an outbreak the inter-agency picture can be complex and it is therefore important that responders understand their own part within the wider disease response structures.

Scottish Government officials will establish the extent of the various control zones which may apply.

Figure 2 below shows the links between the principle animal and human disease control response structures that may be established during an animal disease outbreak with zoonotic potential. These structures are explained in more detail later in this chapter. Note, not all of these structures will be activated, depending on the scale of the incident.

Figure 2: Information flow between animal (red) and human (green) disease control response structures.

4.2. Animal and Plant Health Agency (APHA)

4.2.1. General

APHA is the operational lead agency in dealing with notifiable animal disease outbreaks and will implement animal disease control measures. The assistance of the relevant local authority and Police Scotland will be called upon to enforce those control measures. (For infections with zoonotic potential, the public health response is responsibility of NHS board in liaison with HPS).
APHA will initiate the local response to a disease outbreak. APHA’s Head of Field Delivery Scotland (HoFDS) will be responsible for the management of the Local Disease Control Centre (LDC) reporting to the Head of the Disease Strategy Group (DSG) in Saughton House, Edinburgh and to the National Disease Control Centre (NDCC).

During the outbreak the Outbreak Director for Scotland will work with other agencies to ensure the delivery of disease control measures.

4.2.2. Detection of Diseased Animals

APHA will respond to and investigate reports of most suspect notifiable disease. If it is not already done, APHA will serve restriction notices to prevent any movements of susceptible animals on to or off the premises. As well as diagnosing disease, the investigation will identify potential sources of disease, or premises that may have been infected as a result of spread from the suspect premises.

This may initiate further investigations, serving of restriction notices on additional premises, and culling of livestock. APHA will arrange patrol visits in zones or areas which may be declared by Scottish Ministers.

High-risk premises will be identified and visits to them prioritised.

4.2.3. Culling and Disposal of Animals

APHA will make arrangements for, and supervise, the culling and disposal of susceptible animals if required. APHA will also supervise the welfare of animals being culled and prioritise the order of animals to be culled.

4.2.4. Containment of Disease on Suspect, Infected or Dangerous Contact Premises

APHA will ensure that all appropriate measures are put in place and maintained to reduce the risk of spread to a minimum. This will include briefing of officers who have secured the premises, thus ensuring that the correct biosecurity measures are in place. It will also include consideration of possible wildlife vectors. Other organisations (SASA, SNH) may be contacted to advise on actual risks in relation to farm and on and off site wildlife activity.

APHA will also arrange for preliminary cleansing and disinfection of the infected premises and will confirm that secondary cleansing and disinfection has been completed satisfactorily.

4.2.5. Containment of Disease in Declared Zones/Areas

The LDCC MCT will plan the initial action in the controlled area. APHA will be responsible for overseeing the issue of movement licences within the
zones/areas closest to the suspect or infected premises notably the protection zone and surveillance zone.

4.2.6. Overview/Summary of Responsibilities of APHA:

- lead operational agency and instigates the local response to the disease outbreak in animals
- respond to and investigate reports of suspect notifiable disease
- notify relevant operational partners when disease is suspected including Police Scotland and affected local authorities and NHS boards
- establish the LDCC (and FOB if required) and convene/ chair the LDCC MCT
- put systems into place for restriction notices to be served, and livestock to be culled and disposed of, if appropriate
- investigate to identify potential sources of disease, or premises that may have been infected as a result of spread from the suspect premises
- in case of zoonotic diseases eg. avian influenza or rabies, provide a register to the NHS board Consultant in Public Health (Medicine) (CPH(M)) of all persons entering infected premises or exposed to infected material
- in case of zoonotic disease, provide representation on the NHS led National and local IMTs as required
- arrange for sampling and dispatch of samples when required
- liaise with local veterinary practices
- arrange patrol visits in the immediate area around the infected premises (most likely the protection zone, or equivalent)
- identify high-risk premises and prioritise visits to them
- supervise the welfare of animals being culled and prioritise the order of animals culled
- supervise and advise on correct biosecurity measures to be adopted (principally by keepers of susceptible livestock)
- carry out preliminary cleansing and disinfection of infected premises, and approve secondary cleansing and disinfection carried out by the owner
- consider risk of wildlife vectors and notify relevant partners
- consider the issue of specific movement licences
- agree any necessary action with local authorities/police to restrict access to infected premises or land
- raise awareness and inform the public of any movement restrictions through local media.
- assist in the establishment of a local helpdesk
- undertake surveillance and blood sampling of animals to demonstrate absence of disease and seek to gain recognition of disease freedom
4.3. Scottish Government

4.3.1. General

The Scottish Government will establish the extent of the various control zones which may apply. If required to manage the wider consequences Scottish Ministers may also request the activation of SGoR. Scottish Government will obtain its expert advice from the National Experts Group (NEG), a permanent group of scientists, meteorologists, economists and veterinary representatives from within and outwith government, which during outbreaks will provide specific technical and scientific advice and recommendations on the disease, its transmission and its control with a view to supporting government policies. Expert advice will also be sought from EPIC9, a consortium of Scottish based experts.

The Scottish Government’s main roles are to:

- co-ordinate and manage the Scottish disease control response
- chair the DSG
- staff the national disease response helpline
- draft and issue general licences and zone declarations
- ensure necessary legislation is in place
- ensure that relevant information on disease control developments is shared with SGoR (if activated), NDCC, other UK administrations
- handle national animal health policy issues that develop during the response to the outbreak and its aftermath
- establish and chair Scottish national stakeholder group
- ensure appropriate action is taken on export and import requirements
- liaise with the local and national media
- coordinate media issues with other agencies and stakeholders e.g. local authorities, NHS boards, HPS, SEPA, and police, especially through the Resilience Partnerships
- liaise with communications teams in other UK administrations, APHA and Resilience Partnerships

4.3.2. SG Rural Payments and Inspections Division (RPID)

RPID staff have technical expertise in livestock farming and will be vital in informing policy decisions. They will have representation at both the DSG and LDCC. The Principal Agricultural Officer (PAO) and their staff of the affected region will provide professional agricultural and administrative

---

9 EPIC (Epidemiology, Population health and Infectious disease Control) - Centre of expertise on animal disease outbreaks
support to the LDCC as required. RPID staff have an important role in liaising with the local farming community and providing local knowledge.

The responsibilities of RPID staff in the LDCC include:
- providing support in LDCC as required under direction of the Outbreak Director for Scotland
- logistical management of operations in any zones
- providing logistical assistance in initial surveillance, valuation, culling, disposal and C&D operations as required under direction of veterinary inspectors
- liaising with farmers
- assessing applications for, and issue of, Movement Licences under veterinary direction of APHA
- staffing national and local Helplines
- providing general agricultural advice to APHA LDCC staff
- providing resources for the finance function
- preparing, issuing and delivering forms as appropriate

4.3.3. Science and Advice for Scottish Agriculture (SASA)

SASA has a formal role on the provision of advice on the management and possible control of certain vertebrate wildlife vectors. APHA would consider the need to seek advice on the need to control, and possibly to implement control, of mammalian wildlife vectors, such as rats, that might represent a fomite risk. SASA has the necessary Personal Protective Equipment (PPE) to go onto highly pathogenic avian influenza (HPAI) infected premises in providing this, and may, if appropriate, undertake rodent control.

4.4. Local Authorities

4.4.1. General

Local Authorities (LAs) have a major role in responding to outbreaks of notifiable animal disease. They are statutory bodies for enforcing livestock disease controls and are empowered to monitor compliance with movement licences etc. They also fulfil a significant role in providing advice and education at the local level. LAs may assist APHA with the provision of resources such as staff, vehicles, equipment and buildings. In the event of a zoonotic disease outbreak they would also support NHS boards and the National IMT as per business as usual.

4.4.2. Enforcement and Licensing

LAs have statutory enforcement powers in animal health matters. LA Animal Health Inspectors would be called on for assistance if disease was
suspected in a market or other animal gathering, and may be called upon to serve restriction notices and secure infected or suspect premises.

LA staff are likely to be called upon to provide advice to the public on restrictions, monitor compliance with legislation, investigate incidents of non-compliance and issue official notices.

Depending on the disease, mobile patrols may tour the areas under movement controls to ensure compliance with movement restrictions. LAs will also be responsible for closing public access, although this is only likely to be required in a foot and mouth disease protection zone for a short period.

High standards of biosecurity for milk tankers, feed lorries and other essential visitors to farms will be critical to the control of disease. To achieve this, fixed cleansing and disinfection sites may be established within the controlled area. In exceptional circumstances, roadside cleansing and disinfection points might also be required for vehicles leaving the control zones/areas. This response would not be required in the first few days of an outbreak. In both circumstances it is likely that the APHA would identify the labour sources through existing contingency contracts, but LAs may be involved in helping to identify these sites and managing the work.

Depending upon disease, livestock markets may be closed for a period of time, but once disease is contained, collection centres for slaughter stock may be permitted and monitoring of standards at these will fall to LAs.

Essential activities and movements will need to be licensed by the licensing sections of the LDCC and monitoring biosecurity of permitted activities.

Local authorities may be asked to assist local Scottish Government RPID officers in the issue of licences for movements.

4.4.3. Road signs

LAs will be responsible for producing and erecting signs warning of the disease at controlled zones/area boundaries when disease is confirmed. Signs will be erected in consultation with APHA, Police Scotland, Traffic Scotland and Local Authorities for non-trunk routes.

4.4.4. Overview/Summary of Responsibilities of Local Authorities

- provide representative(s) to LDCC MCT
- provide representative to NDCC birdtable and input into the OCC overnight reports (see paragraph 5.1.2)
- support NHS boards in the local investigation and management of the incident
- provide representative to the NHS led National IMT where required
as part of Infected Area Management Team, provide advice on suitable cleansing and disinfection sites within and around the controlled area

- provide assistance where possible on provision and procurement of resources and staff – especially in the early stages

- provide administration for enforcement of movement licence requirements

- assist in delivery of restriction notices and securing of suspect and infected premises

- check and enforce compliance with all disease control measures, especially movement controls and licences

- supervise operation of markets and collection centres

- serve restriction notices and revocation notices on request of Outbreak Director for Scotland

- assist at vehicle checkpoints

- advise farmers of restrictions and providing information to the local population

- advise the Outbreak Director for Scotland on local issues that may impact on control measures

- implement and advertise official closures on land where there is a public right of access on request from the DSG

- identify private water supplies and monitor both municipal and private supplies

Affected Local authorities may also wish to consider deploying a liaison officer to the Disease Policy Unit (DPU) in Saughton House to help ensure strong communication links around the disease control are maintained. Access to Wifi will be provided by Scottish Government.

4.5. Police Scotland

4.5.1. General

Police Scotland’s response to an animal disease outbreak will depend upon the severity and nature of other requirements being placed upon them. APHA may request assistance from Police Scotland for their specialist knowledge in the area of management and co-ordination of major incidents. Police Scotland will work closely with responding agencies to enforce movement controls and the policing of the infected premises and controlled zones/areas depending on resource availability.

Section 60(1) of the Animal Health Act 1981 imposes a statutory duty on the police to execute and enforce this Act and orders made under it. Sections 60-62 of the 1981 Act provide police constables with the powers of entry, search and arrest. The Animal Health and Welfare (Scotland) Act 2006 Section 49 and Schedule 1, details the powers available to constables and
these include entry and search; stopping and detaining vehicles; and arrest without warrant. Section 32 & 35 gives powers to alleviate suffering of animals in distress, including powers to destroy if necessary.

4.5.2. Operational Requirements

Representatives from Police Scotland will be invited to be part of the LDCC-MCT, (see para 3.2.2). A liaison officer of appropriate rank may be based in the LDCC to provide input to decision making of the LDCC-MCT and co-ordinate commitment of Police Scotland resources as required.

The operational role of officers in the field will be enforcement and investigation of incidents, and when necessary, charging of offenders.

Officers may be called upon in the early stages of an outbreak to control access to premises under restriction because of suspicion of disease.

As only police officers have powers to stop vehicles on the public road, uniformed officers will be called upon to assist in enforcement of any livestock movement ban and provide appropriate mobile units to support biosecurity patrols operating in close proximity to the infected premises (for most diseases this would be 10 km zone around an infected premise).

Field operations around infected premises, disposal sites, and cleansing and disinfection (C&D) sites may affect normal flow of traffic. Police officers may be required to assess the situation and advise on traffic management, road closures and/or signage. Should roadside disinfection points be necessary, Police Scotland will have a role in advising on suitable sites. Police would also be involved in approval of disposal transport routes of infected carcases removed from the IP. This may require cross border coordination with English forces.

Field disease control operations may attract some public attention, therefore police officers may be required to maintain order and to ensure public safety e.g. at loading or disposal sites.

4.5.3. Overview/summary of Responsibilities of Police Scotland:

- enforcement of any movement bans or controls
- provide representative to LDCC-MCT
- provide representative to NDCC birdtable and input into the OCC overnight reports (see paragraph 5.1.2).
- prevent public access to infected premises and officially closed pathways/land
- stopping and checking vehicles transporting animals – with local authority support, detain and/or seize suspected animals or things in the infected area or as requested by APHA or local authorities
- public order and traffic control
- provide traffic management and safety advice on set up of infected area and patrol staff for any necessary enforcement action

4.6. Scottish Environment Protection Agency (SEPA)

4.6.1. General

SEPA is Scotland’s environmental regulator and, amongst other things, has a duty to protect and improve the environment and to ensure waste is recovered or disposed of without endangering human health or using processes or methods which could harm the environment. Consultation between SEPA and APHA will be in accordance with the Joint Memorandum of Understanding.

4.6.2. Representation to LDCC

In the event of a notifiable disease outbreak a SEPA representative will be invited to join the LDCC-MCT to provide advice on the environmental impact of activities and assist in:

- providing advice to Outbreak Director for Scotland on control of pollution at disposal sites, on depopulated premises and at cleansing and disinfection sites
- providing advice on environmental enforcement
- advising on pollution prevention, including the site cleaning and disinfection facilities and their operation
- monitor the impacts of the outbreak on the environment
- provide representative to NDCC birtable and input into the OCC overnight reports (see paragraph 5.1.2).

4.6.3. Specific Advice to Officers Working in the Field

SEPA officers should be consulted on the management of run off from cleansing and disinfection sites and on the legislative requirements for the appropriate disposal of materials from clean-up operations.

Full consideration should be given to the environmental risk of the storage or disposal of large quantities of slurry or wash water from the infected premises. As many of these issues will be site specific and will depend on whether disease is suspected or confirmed, and indeed which disease it is. providing detailed information in this plan is very difficult. However, a template contingency plan\(^\text{10}\) has been prepared to help intensive agriculture

sites covered by the Pollution Prevention and Control (Scotland) Regulations to put in place their own plans to deal with mass mortality events.

During disease outbreaks, advice on the statutory implications and best site(s) for the burial of anything, including carcases should be sought before any decision is made.

Should roadside cleansing and disinfection stations be necessary, environmental impact assessments will be undertaken prior to starting operations.

4.6.4. Overview/summary of Responsibilities of SEPA:

- provide representative to LDCC-MCT
- provide representative to NDCC birdtable
- advise on siting and operation of any cleansing and disinfection points in the Infected Area and the disposal of waste (including the potential for significant amounts of waste water and slurry) from infected premises e.g. used disinfectant, veterinary medicines, feedstuffs and poultry manure etc.
- advise on carcase disposal decisions
- advise on the use of authorised incinerators, rendering plant and landfill sites for carcass disposal policy

4.7. NHS Boards

4.7.1. General

The role of the NHS Boards will depend on the disease. In all cases the Consultant in Public Health Medicine (CPH(M)) will be informed of any report cases or suspicion of disease. On suspicion of disease the public health response will be led by the local CPHM in close liaison with HPS in line with local incident management arrangements.

If disease is subsequently confirmed, and has zoonotic potential, a National Incident Management Team (IMT) will be convened by HPS to coordinate the multi-agency public health response to the outbreak in Scotland.

The local NHS board CsPH(M) will represent the NHS board(s) on the National IMT and will be responsible for the local implementation and operational aspects of the public health response to the incident as agreed by the National IMT.

The CPH(M) may convene a local NHS board IMT to facilitate this, especially in the early stages of the investigation, in line with their local incident management arrangements.
CsPH(M) from relevant NHS board areas will be invited to attend the LDCC MCT.

The NHS board’s role during an outbreak of animal disease with zoonotic potential is to:

- provide representative to the LDCC-MCT
- provide representative to the National IMT chaired by HPS
- provide advice on potential risk to humans arising from animal health activities including outbreaks of animal diseases
- advise on necessary control measures including personal protective equipment, prophylaxis/vaccination and treatment where necessary
- respond to health related queries from the public, local health staff and delivery partners, including setting up a helpline where required
- ensure continuity of health care in affected areas
- ensure the local implementation of the public health response to the outbreak, including the provision of prophylaxis / vaccination where appropriate.

See Appendix A for a map of the NHS board areas.

4.8. Health Protection Scotland (HPS)

4.8.1. General

HPS will take the lead on the human health aspects of an animal disease outbreak.

HPS’s main role during an outbreak with zoonotic potential is to:

- provide expert advice to all professionals involved in the management and control of incidents of zoonotic disease
- provide operational support to NHS boards in relation to the public health response to the incident
- on confirmation of an outbreak of disease with zoonotic potential, convene and lead the National IMT to coordinate the public health response to the outbreak in Scotland
- provide representative to DSG and LDCC
- provide representative to NDCC birdtable and input into the OCC overnight reports (see paragraph 5.1.2).
- contribute to communication and briefing requests from Government and other operational partners
4.9. Food Standards Scotland (FSS)

4.9.1. General

The FSS is responsible for inspections at approved meat, poultry and cutting plants to protect both public health and animal health and welfare. All approved slaughterhouses are supervised by Official Veterinary Surgeons (OVS) who are contracted by FSS. FSS would be invited to attend meetings of the DSG.

The FSS is also responsible for ensuring all cattle, sheep, goats, pigs and horses have the appropriate documentation and identification (e.g. eartags or other markings) to enable them to be traced to premises of origin. In the case of cattle and horses individual passports are required.

The FSS is also responsible for providing advice to the public concerning implications for the food chain arising from an outbreak of exotic animal disease. FSS will also be invited to attend the NDCC bird tables and input into the OCC overnight reports (see paragraph 5.1.2).

4.10. Scottish Society for the Prevention of Cruelty to Animals (SSPCA)

4.10.1. General

The SSPCA is an animal welfare charity. The SSPCA has no statutory powers or duties, but the SG has authorised the majority of individuals employed by the Scottish SPCA as “inspectors” as defined in section 49 of the Animal Health & Welfare (Scotland) Act 2006. Inspectors can investigate complaints of cruelty and welfare and report alleged offences to the Procurator Fiscal as the SSPCA has special reporting agency status. The SSPCA can also provide a uniformed presence to assist with animal welfare functions if requested by APHA.

SSPCA responsibilities include:
- providing assistance with monitoring compliance with movement licences
- accompanying vehicles on request
- providing an independent welfare audit
- attend the daily bird tables and input into the OCC overnight reports (see paragraph 5.1.2).

4.11. Scottish Water

4.11.1. General
It is essential that no operational activities contaminate watercourses, especially those that are used for human consumption. The LDCC must maintain close liaison with Scottish Water which monitor major reservoirs and the national distribution network. The LA monitors municipal and private supplies.

Scottish Water will liaise with the LDCC-MCT through SEPA. SEPA may be able to help identify areas of high risk to LDCC manager.

4.12. Traffic Scotland

4.12.1. General

Road signs publicising the boundaries of areas under official restriction will need to be placed at all major road entrances and exits.

Field activities surrounding carcase disposal and cleansing and disinfection of premises may involve use of heavy vehicles, causing disruption to local traffic flow.

All of these activities will require consultation and coordination between the local authority roads departments and trunk roads authorities. The Trunk Road Authorities will liaise with the LDCC-MCT through Police Scotland.

4.13. Scottish Fire and Rescue Service

4.13.1. General

The Scottish Fire and Rescue Service will be called upon to give specific advice if pyres are used to burn and dispose of carcases.

The Scottish Fire and Rescue Service will liaise with the LDCC-MCT through Police Scotland.

4.14. Military


There are no plans to involve the armed forces in the operational response during a disease outbreak.

However, depending on the emergency a Joint Regional Military Liaison Officer (JRMLO) may be invited to attend SGoR to provide advice to the Scottish Government.
4.15. Scottish Natural Heritage (SNH)

4.15.1. General

SNH’s involvement in disease control is principally advisory, particularly around advice on local wildlife and its management. In that capacity wildlife specialists within SNH may be invited to attend NEG meetings. SNH will also be invited to attend the daily bird tables and input into the OCC overnight reports (see paragraph 5.1.2).

4.16. Industry groups

4.16.1. National

Regular meetings with industry will be held at both national and local level for the duration of the outbreak. At a national level CVO Scotland will generally chair these meetings, which will be a forum for operational partners, policy officials, veterinary advisers, industry representatives and welfare specialists to highlight areas for concern and contribute to their resolution.

Industry representatives play a key role in advising on issues surrounding the outbreak and its impact, enabling quick and evidence-based disease control measures and policy responses. The frequency of meetings will be determined based on the specific circumstances in discussion with stakeholders.

The key national exotic disease specific stakeholder groups are:

- Avian diseases group
- Bluetongue/FMD group
- Equine diseases group
- Pig diseases group

4.16.2. Local

The Outbreak Director for Scotland will establish and chair a local level stakeholder group with industry representation. These meetings will provide a forum for updating local stakeholders and operational partners and for discussing any concerns.
5. COMMUNICATIONS

5.1. National level communications

5.1.1. General

Scottish Government’s Exotic Diseases of Animals Communications Strategy\textsuperscript{11} details the responsibilities of those involved in disease response, the strategic communications objectives and describes the communications activities undertaken at a GB, Scottish and local levels. Each RRP area has a Public Communications Plan which would be activated in event of multi-agency response to an outbreak. It is important that all relevant agencies coordinate media activities and share messaging at the earliest opportunity. This can be achieved through consultation and agreement at all necessary levels. For wider consequence issues police would routinely perform the role of lead responder and will liaise with the LDCC on disease control messaging to ensure consistent and coherent media output.

5.1.2. Communications with operational partners

Rapid, effective and consistent communication is essential to warn and inform those involved in the disease response to the disease outbreak or affected by its effects.

In order to manage the outbreak, meetings and reports that take place across the command and control structures adhere to a pre-determined schedule (known as a “battle rhythm”). The exact battle rhythm followed will depend on a number of factors including the circumstance of the disease, stage of the outbreak and affected area. Appendix G details the main meetings held and reports compiled.

Regular ‘NDCC birdtable’ meetings will take place to ensure all parties involved in the disease control operation have a clear picture of the current situation. These meetings will provide a forum for policy, operations, and communications functions to provide brief situation reports and facilitate a co-ordinated and co-operative response (similar LDCC bird table meetings will also be held serving a similar purpose). Key emerging issues will be identified and responsibilities for resolving them and reporting back allocated.

A Key Brief document will be produced by the Scottish Government to inform and update individuals on the current disease incident and provide key information about the disease and disease spread. It will be published on the Scottish Government’s website and will be circulated to operational partners and relevant stakeholders. Situation reports containing key information about progress in controlling and eradicating the disease will be issued by APHA from the NDCC. These reports are known as the “Outbreak

\textsuperscript{11} \url{http://www.gov.scot/ahwcontingencyplans}

Coordination Centre (OCC) Daily Report” (sometimes referred to as the “Overnight Report”). The report carries the marking “official sensitive”12.

Requests to be added to the distribution list should be made to the NDCC MI team at: NDCC-ManagementInformationandReports@apha.gsi.gov.uk Those operational partners speaking at NDCC bird table meetings will be directly asked for contributions for the OCC Daily Report. Those speaking at the LDCC birtable will be invited to contribute to the LDCC situation report and that in turn gets submitted to the NDCC for the daily report.

The report will be saved daily on to APHA’s Resilience Direct site (see para 2.2.3 above). Resilience partners requiring access to the AHWD site should first request access to Resilience Direct through their own organisational structure before requesting access to APHA’s site.

5.1.3. Public Communications Group (PCG)

Each Regional Resilience Partnership area has its own Public Communications Plan which would be activated as part of a multi-agency response to any outbreak. These plans set out the purpose, membership, roles, responsibilities, actions and messaging strategies for dealing with any incident such as an animal disease outbreak.

The Public Communications Plan would be activated by the relevant RRP Public Communications Group. The PCG lead would normally be the senior communications officer from the RRP lead responder, who will develop and co-ordinate a communications strategy and appropriate advice.

The PCG will work closely with Scottish Government Communications Directorate who would be part of the DSG, SGoR (if convened) and APHA Corporate Communications to ensure all messaging and communications strategies are shared and co-ordinated. The PCG will consider deploying a communications officer into the LDCC if required. Teleconference facilities will be made available for those partners where travelling is difficult or resources are limited.

The PCG would make social media messaging and monitoring a key priority to ensure a timely response to the developing situation and identify any emerging issues.

5.1.4. Engagement with industry

The Scottish Government will meet regularly with national stakeholders to keep them informed of developments and to ensure that any concerns can be raised and addressed. A local authority representative of the Scottish National Animal Health and Welfare Strategy group, along with APHA and

the SSPCA will be invited to these meetings. Other operational partners will be co-opted as necessary.

5.2. Local communications

5.2.1. General

The LDCC will assume responsibility for disease response communications at the local level. Communications with the local media on disease response will be led by Scottish Government Communications Directorate who will liaise closely with the other UK administrations and APHA.

5.2.2. Communications with operational partners

Regular LDCC-MCT meetings will take place to ensure all parties involved in the disease control operation at the local level have a clear picture of the current situation. Teleconference facilities will be made available for those partners where travelling is difficult or resources are limited.

A LDCC Planning Meeting may be called to bring together APHA and any agencies working on the outbreak to deal with problems which are the primary responsibility of operational partners (e.g. pollution control, traffic or public order management, etc.). Those meetings would likely be chaired by the operational partner calling the meeting with secretariat provided by APHA Internal Communications.

Participants will include:
- APHA Field Operations, Finance and Contracts Field Team Leader
- APHA Field Ops Manager
- SEPA
- Police Scotland
- Local authority EPO
- Local authority Resilience Adviser / Resilience Manager

5.2.3. Communicating with the public

Discussions about communicating information about the disease response with the public in the vicinity of the infected premises will be directed through the LDCC–MCT. The primary target audiences for external communications are likely to be:
- livestock premises subject to restrictions
- other directly affected premises/businesses
- private veterinarians
- local general public/keepers of non-susceptible animals

5.2.4. Engagement with the local media

The Scottish Government’s Directorate of Communications will assign either a Scottish Government or APHA Communication Officer to the LDCC’s
Forward Operating base close to the infected premises to co-ordinate local media responses from there. They will work with the PCG and any relevant sub-group to manage media relations at the scene of incidents and to ensure a consistent message is being projected from all agencies. All media enquiries received by operational partners about disease response should be referred to SG Press Office.

The Outbreak Director for Scotland, assisted by SG/APHA Press Officer and the PCG’s appointed officer will give a briefing to local media to raise awareness and inform the public of any movement restrictions. This may involve individual spokespersons from other operational partners, in particular the relevant affected local authorities and Police Scotland.

APHA will establish a local helpline to deal with queries directly related to disease control and will liaise with the PCG regarding its activation. In a larger scale outbreak SG will give consideration to establishing a national helpline.

5.2.5. Engagement with local stakeholders

The LDCC will make arrangements to meet with local stakeholders - LDCC-MCT representatives and the PCG Communications officer will be invited to attend. These meetings will be chaired by the Outbreak Director for Scotland or Veterinary Lead with Secretariat provided by APHA Communications. Participants will include any stakeholders that are deemed necessary by the Outbreak Director for Scotland. Members should attend as representatives of the interested organisations.

Likely issues to be discussed include:

- current disease picture
- industry themes (message management)
- horizon scanning

5.3. Communication during a zoonotic disease outbreak

5.3.1. General

Where disease has zoonotic potential (eg rabies and certain strains of avian influenza) public health communications will also be a consideration and will be discussed and agreed by the NHS led National IMT.

HPS will chair the National IMT and lead the management and coordination of the public health incident response following the principles set out in the Guidance on the Management of Public Health Incidents. The IMT will have representation from the HPS communications team who will liaise with SG communications and other agencies as required. As is standard practice, the IMT will agree public health communications and messages as part of the standing agenda and will identify and agree media spokespeople, e.g.
local CPHM, chair of the IMT or CMO, depending on the scale and the public health implications of the incident.

Links between animal disease related control structures and existing structures for communicating public health messages will be made through IMT representation at the DSG, the LDCC-MCT and the NDCC to ensure messages are correct and consistent. In addition, HPS communications will be represented at any national communications meetings convened in relation to the incident.
6. RECOVERY

6.1. General

6.1.1. Recovery from a disease outbreak (sometimes referred to as the ‘exit strategy’) should be considered as soon as a disease outbreak is confirmed. A number of factors will have a bearing on the type and duration of the recovery including spread of disease, containment and European Union determinations.

6.1.2. In order that trade can be resumed as quickly as possible, the UK will seek disease free status as soon as possible. The resumption of trade with third country trading partners can take a long time. This is because most third country trading partners require the UK to be disease free according to the OIE\textsuperscript{13} definition of disease freedom, which generally requires completion of the final cleansing and disinfection (C&D)\textsuperscript{14}. In the UK that clean-up is the responsibility of the owner of the affected premises. To gain disease free status/resume trading more quickly, the UK can implement regionalisation or compartmentalisation.

6.2. Regionalisation

6.2.1. Regionalisation is the process whereby the UK can be split into regions by Government with different levels of risk (after a risk assessment). This may allow the relaxations of some of the controls. Regionalisation depends on a number of factors including the epidemiology of the disease, seasonal trade patterns and the application of movement restrictions on animals and animal products.

6.3. Compartmentalisation

6.3.1. Compartmentalisation is a concept that allows companies, in the event of a disease outbreak, to resume trade quickly with third countries who have signed up to the scheme. Companies must meet the conditions of EC Regulation 616/2009\textsuperscript{15} which include strict biosecurity measures and the requirement for premises to be approved by government.

6.4. Recovery Co-ordinating Group (RCG)

6.4.1. A Resilience Partnership will usually hand over to the Recovery Co-ordinating Group (RCG) when the incident is contained and there is no immediate risk of escalation. At that point the Resilience Partnership’s Recovery Plan would be activated. The RCG is a multi-agency group led by

\textsuperscript{13} http://www.oie.int/animal-health-in-the-world/official-disease-status/official-recognition-policy-and-procedures/

\textsuperscript{14} Note: some diseases may not require C&D as part of a country’s requirement to declare disease freedom eg bluetongue disease free status is reliant on evidence that disease is no longer circulating in the environment over a specified period.

\textsuperscript{15} http://faolex.fao.org/docs/pdf/eur88703.pdf
a local authority that will support communities in recovering from the economic, social and physical impacts of an emergency.
Appendix A: Map of the Resilience Partnership (RRP) and NHS board areas

Map of the Resilience Partnership (RRP) and NHS board areas.
Appendix B: Summary of controls for key notifiable diseases

A full list of Exotic Notifiable Disease can be found at [Notifiable Diseases in Animals](#).

<table>
<thead>
<tr>
<th>Disease</th>
<th>Species</th>
<th>Risk to Humans</th>
<th>Spread</th>
<th>Cull</th>
<th>TCZ</th>
<th>PZ (km)</th>
<th>SZ (km)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Horse Sickness</td>
<td>Horses</td>
<td>None</td>
<td>V</td>
<td>Infected animals</td>
<td>No</td>
<td>100</td>
<td>150</td>
</tr>
<tr>
<td>African Swine Fever</td>
<td>Pigs</td>
<td>None</td>
<td>A, I, W (V)</td>
<td>IP and DC</td>
<td>Yes</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Avian Influenza</td>
<td>Birds, pigs, human</td>
<td>Serious</td>
<td>A, I</td>
<td>IP and DC</td>
<td>Possible</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Bluetongue</td>
<td>Sheep, goats (cattle)</td>
<td>None</td>
<td>V</td>
<td>On welfare grounds</td>
<td>No</td>
<td>100</td>
<td>150</td>
</tr>
<tr>
<td>Classical Swine Fever</td>
<td>Pigs</td>
<td>None</td>
<td>A, I, W</td>
<td>IP and DC</td>
<td>Yes</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Contagious Bovine Pleuro Pneumonia</td>
<td>Bovines</td>
<td>None</td>
<td>A, AB</td>
<td>IP</td>
<td>No</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Equine Viral Encephalomyelitis</td>
<td>Horses, birds, human, pigs</td>
<td>Serious but indirect</td>
<td>V</td>
<td>Not Routine</td>
<td>Possible</td>
<td>EEE and VEE</td>
<td>Variable</td>
</tr>
<tr>
<td>Foot and Mouth Disease</td>
<td>Cattle, sheep, goats, pigs and all cloven hoofed animals</td>
<td>Negligible</td>
<td>A, I, W, AB</td>
<td>IP and DC</td>
<td>10 km</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Lumpy Skin Disease</td>
<td>Cattle</td>
<td>None</td>
<td>A, V</td>
<td>IP and DC</td>
<td>No</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Newcastle Disease</td>
<td>Birds</td>
<td>Low</td>
<td>A, I</td>
<td>IP and DC</td>
<td>No</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Pest des Petits Ruminants (also known as Goat Plague)</td>
<td>Sheep and Goats</td>
<td>None</td>
<td>A</td>
<td>Infected animals</td>
<td>No</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Rift Valley Fever</td>
<td>Sheep, goats, cattle, human</td>
<td>Serious but no vector in GB</td>
<td>V</td>
<td>IP and DC</td>
<td>No</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Disease</td>
<td>Species</td>
<td>Risk to Humans</td>
<td>Spread</td>
<td>Cull</td>
<td>TCZ</td>
<td>PZ (km)</td>
<td>SZ (km)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------</td>
<td>----------------</td>
<td>--------</td>
<td>-------------------</td>
<td>-----</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Rinderpest</td>
<td>Cattle, sheep, goats, pigs</td>
<td>None</td>
<td>A</td>
<td>IP and DC</td>
<td>No</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Swine Vesicular Disease</td>
<td>Pigs</td>
<td>Negligible</td>
<td>A, I, W</td>
<td>IP and DC</td>
<td>Yes</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Vesicular Stomatitis</td>
<td>Cattle, pigs, horses</td>
<td>Negligible</td>
<td>V</td>
<td>IP and DC</td>
<td>No</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>West Nile Fever</td>
<td>Birds, horses, human</td>
<td>Serious</td>
<td>V</td>
<td>On Welfare Grounds</td>
<td>No</td>
<td>No</td>
<td>Variable</td>
</tr>
<tr>
<td>Rabies</td>
<td>All mammals</td>
<td>Serious</td>
<td>A</td>
<td>Affected animals and possibly contacts</td>
<td>No</td>
<td>Infected place</td>
<td>Infected area (depending on risk)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Route of entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Is direct contact with animals</td>
</tr>
<tr>
<td>AB</td>
<td>Airborne Infection</td>
</tr>
<tr>
<td>I</td>
<td>Indirect contact via contaminated vehicles, personnel, etc.</td>
</tr>
<tr>
<td>V</td>
<td>Vectors (Insects)</td>
</tr>
<tr>
<td>W</td>
<td>Consuming contaminated waste food</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Disease Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EEE</td>
<td>Eastern Equine Encephalomyelitis</td>
</tr>
<tr>
<td>VEE</td>
<td>Venezuelan Equine Encephalomyelitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCZ</td>
<td>Temporary Control Zone</td>
</tr>
<tr>
<td>PZ</td>
<td>Protection Zone</td>
</tr>
<tr>
<td>SZ</td>
<td>Surveillance Zone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Disease Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EEE</td>
<td>Eastern Equine Encephalomyelitis</td>
</tr>
<tr>
<td>VEE</td>
<td>Venezuelan Equine Encephalomyelitis</td>
</tr>
</tbody>
</table>
### Appendix C: Amendments and Exercise Record

<table>
<thead>
<tr>
<th>EXERCISE DATE</th>
<th>SUMMARY OF EXERCISE</th>
<th>UPDATED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### Appendix D: Glossary of terms

<table>
<thead>
<tr>
<th>Abbreviation (if applicable)</th>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>APHA</td>
<td>Animal and Plant Health Agency</td>
<td>Executive Agency of Defra working on behalf of Scottish Government, Defra, Welsh Government to deliver government policy with regard to animal health and welfare.</td>
</tr>
<tr>
<td>AI</td>
<td>Avian Influenza</td>
<td>Disease which affects Bird/Poultry. See Appendix I.</td>
</tr>
<tr>
<td>Contiguous Premises</td>
<td></td>
<td>Premises immediately adjacent to an Infected Premises (IP).</td>
</tr>
<tr>
<td>C&amp;D</td>
<td>Cleansing and Disinfection</td>
<td>Biosecurity procedures put into place during the culling and disposal of animals and the treatment of contaminated areas of a premise with disinfectant.</td>
</tr>
<tr>
<td>Controlled Area</td>
<td></td>
<td>Area around an Infected Premise(s), the boundaries of which are at least 10 km from the premise(s) in which disease has been confirmed.</td>
</tr>
<tr>
<td>CPH(M)</td>
<td>Consultant in Public Health (Medicine)</td>
<td>Provides public health guidance to public health incidents, will be a member of the National IMT and is responsible for the implementation and operational aspects of the public health response in their NHS board area.</td>
</tr>
<tr>
<td>CVO(S)</td>
<td>Chief Veterinary Officer (Scotland)</td>
<td>Scottish Government Animal Health and Welfare Division policy lead</td>
</tr>
<tr>
<td>Defra</td>
<td>Department of Environment, Food and Rural Affairs</td>
<td>Defra represents the interests of the UK in international negotiations on disease control.</td>
</tr>
<tr>
<td>DPU</td>
<td>Disease Policy Unit</td>
<td>Staffed by Scottish Government to assists the DSG in managing the disease control operation.</td>
</tr>
<tr>
<td>DSG</td>
<td>Disease Strategy Group</td>
<td>A group of senior civil servants (including veterinary staff and others) and senior operational partners that will direct the strategic response to a notifiable disease outbreak in Scotland and advise the Scottish Minister.</td>
</tr>
<tr>
<td>EPO</td>
<td>Environment Protection Officer (EPO)</td>
<td>provide regulation and enforcement of a range of environmental legislation including protection of the</td>
</tr>
<tr>
<td>Abbreviation (if applicable)</td>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>water environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOB</td>
<td>Forward Operations Base</td>
<td>Building and administration for controlling field staff when an outbreak is some distance from the Local Disease Control Centre.</td>
</tr>
<tr>
<td>FMD</td>
<td>Foot and Mouth disease</td>
<td>Disease which affects cloven hoofed animals. <em>See Appendix H.</em></td>
</tr>
<tr>
<td>GIS</td>
<td>Geographical Information System</td>
<td>IT system that processes and analyses spatial and non-spatial data.</td>
</tr>
<tr>
<td>HoFDS</td>
<td>Head of Field Delivery - Scotland</td>
<td>Senior Manager within APHA Scotland appointed to manage the field operations in the Local Disease Control Centre.</td>
</tr>
<tr>
<td>HPS</td>
<td>Health Protection Scotland</td>
<td>provides expert public health advice to responding agencies and chair the National IMT to coordinate the public health response to the incident.</td>
</tr>
<tr>
<td>IAH Pirbright</td>
<td>Institute for Animal Health, Pirbright</td>
<td>One of the Reference Laboratories used by APHA to send official samples for analysis.</td>
</tr>
<tr>
<td>IP</td>
<td>Infected Place</td>
<td>Legal term used in rabies legislation applying to premises which notifiable disease is suspected to exist, or has existed within the last 56 days, and has a restriction notice served on the occupier of the premises.</td>
</tr>
<tr>
<td>LA</td>
<td>Infected Premises</td>
<td>Premises on which notifiable disease has been confirmed.</td>
</tr>
<tr>
<td>JRMLO</td>
<td>Joint Regional Military Liaison Officer</td>
<td>Military representative that may be invited to attend SGoR to provide advice to the Scottish Government.</td>
</tr>
<tr>
<td>MACA</td>
<td>Military Aid to the Civil Authorities</td>
<td>Process by which assistance can be sought from the Military.</td>
</tr>
<tr>
<td>MCT</td>
<td>Management Control Team</td>
<td>The multi-agency team responsible for organising the local response and management of the Local Disease Control Centre.</td>
</tr>
<tr>
<td>LDCC</td>
<td>Local Disease Control Centre</td>
<td>Building used for co-ordinating the local response, and housing the office-based teams and administrators.</td>
</tr>
<tr>
<td>Abbreviation (if applicable)</td>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>National IMT</td>
<td>Incident Management Team</td>
<td>Convened to coordinate the public health response to the incident.</td>
</tr>
<tr>
<td>ND</td>
<td>Newcastle Disease</td>
<td>Disease which affects Bird/Poultry. See Appendix E.</td>
</tr>
<tr>
<td>NDCC</td>
<td>National Disease Control Centre</td>
<td>The centre coordinating the operational response throughout the whole of Great Britain.</td>
</tr>
<tr>
<td>PAO</td>
<td>Principal Agricultural Officer</td>
<td>Manages Scottish Government’s local RPID Area Office.</td>
</tr>
<tr>
<td>PCD</td>
<td>Procurement and Contract Division</td>
<td>A Defra Division for ensuring contracts and purchasing policies are robust – will already have many contracts in place and have pre-identified sources of many specialist services.</td>
</tr>
<tr>
<td>Preliminary cleansing and disinfection</td>
<td></td>
<td>Carried out immediately after culling and disposal by APHA (costs met by SG). It consists of spraying contaminated and potentially contaminated areas of the IP with an approved disinfectant or biocide. The objective is to reduce the level of surface contamination. It is considered to be completed 24 hours after spraying of the IP completed.</td>
</tr>
<tr>
<td>PZ</td>
<td>Protection Zone</td>
<td>A zone (generally circular) around an Infected Premises in which there is stringent restrictions on movements of animals, farm products and farm vehicles and other activities to help prevent further spread of disease.</td>
</tr>
<tr>
<td>RPID</td>
<td>Rural Payments and Inspections Division</td>
<td>Scottish Government’s Rural Payments and Inspections Division. It has around 600 staff in 17 area offices throughout Scotland doing a variety of jobs - some are specialists in agriculture.</td>
</tr>
<tr>
<td>Restricted Area</td>
<td></td>
<td>Area around the Infected Premises. Controls will vary depending upon the disease.</td>
</tr>
<tr>
<td>Restriction Notice</td>
<td></td>
<td>A Notice served on the owner, occupier or person in charge of a</td>
</tr>
<tr>
<td>Abbreviation (if applicable)</td>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>premise which will restrict movement of animals and possibly products, vehicles and personnel on and off the premises.</strong> The notice may also require the recipient to perform other duties such as put up signage and disinfectant footbaths.</td>
<td><strong>Revocation Notice</strong></td>
<td>A notice to revoke a restriction notice.</td>
</tr>
<tr>
<td><strong>Resilience Partnerships</strong></td>
<td><strong>RPs</strong></td>
<td>Resilience Partnerships is a term to describe the collective of category one and two responders to an emergency and includes regional and local resilience partnerships.</td>
</tr>
<tr>
<td><strong>Manages team(s) in local RPID area office.</strong></td>
<td><strong>SAO</strong></td>
<td>Senior Agricultural Officer</td>
</tr>
<tr>
<td><strong>A Division of the Scottish Government Agriculture, Food and Rural Communities Directorate. Provides scientific services and advice.</strong></td>
<td><strong>SASA</strong></td>
<td>Science and Advice for Scottish Agriculture</td>
</tr>
<tr>
<td><strong>SEPA provides advice and regulates the environmental protection system for Scotland.</strong></td>
<td><strong>SEPA</strong></td>
<td>Scottish Environment Protection Agency</td>
</tr>
<tr>
<td><strong>Scottish Government Resilience Room</strong></td>
<td><strong>SGoRR</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Scottish Society for the Prevention of Cruelty to Animals (SSPCA)</strong></td>
<td><strong>SSPCA</strong></td>
<td>Scottish SPCA is the oldest and largest animal welfare charity in Scotland, offering inspectorate and animal welfare centres.</td>
</tr>
<tr>
<td><strong>Concentric circle outside Protection Zone. A zone of movement controls and other requirements used to help prevent further spread of disease.</strong></td>
<td><strong>SZ</strong></td>
<td>Surveillance Zone</td>
</tr>
<tr>
<td><strong>After preliminary cleansing and disinfection, the cleansing (including disposal of manure, bedding etc), degreasing, washing and disinfecting of premises to remove the infective agent, reduce the level of it, such that recrudescence will not occur on restocking.</strong></td>
<td><strong>Secondary Cleansing &amp; Disinfection</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Animals those are susceptible to a certain infection.</strong></td>
<td><strong>Susceptible Animal</strong></td>
<td></td>
</tr>
<tr>
<td>Abbreviation (if applicable)</td>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>TCZ</td>
<td>Temporary Control Zone</td>
<td>A zone around a premise on which there is suspicion of disease. The zone will have movement controls and will last only a very short period from a number of hours to several days.</td>
</tr>
<tr>
<td>VI</td>
<td>Veterinary Inspector</td>
<td>Veterinary Surgeon employed on Animal Health business</td>
</tr>
<tr>
<td>Weybridge Animal and Plant Health Agency Laboratory</td>
<td>One of the Reference Laboratories used by APHA to send official samples for analysis.</td>
<td></td>
</tr>
<tr>
<td>VO</td>
<td>Veterinary Officer</td>
<td></td>
</tr>
</tbody>
</table>
Appendix E: APHA operational partners notification form template

Official Sensitive

Animal & Plant Health Agency

Reference: xxx/2015/xxx
Date: XX XXX 2015

Suspected Disease Notification - Disease NOT ruled out

This is to inform you that a notifiable disease has not been ruled out on the following holding and samples have been taken:

<table>
<thead>
<tr>
<th>Disease suspected</th>
<th>Affected species</th>
<th>Expected time of results*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This is provisional and is not guaranteed. Please use with caution.

Place where disease suspected

<table>
<thead>
<tr>
<th>Name of contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of premises</td>
</tr>
<tr>
<td>Postcode of premises</td>
</tr>
<tr>
<td>Holding Number</td>
</tr>
<tr>
<td>Map reference</td>
</tr>
</tbody>
</table>

Restrictions in place

| On premises | None |
| In area surrounding suspect premises | None |

Supply update from report case lead

I will provide you with more information as it becomes available.

Further information can be found by accessing the APHA website


Alternatively you can access the Scottish Government, Animal Health and Welfare, Animal Disease website:

http://www.gov.scot/topics/farmingrural/Agriculture/animal-welfare/Diseases/disease

For local information please contact the APHA Field Service office in xxxxxx on xxxxxxxx

Yours sincerely

Veterinary Officer / Field Team Lead / Veterinary Lead Scotland

corporate office: devils, block c, government buildings, whitelinh tag, worcester, worcester, WR1 1QQ

Tel: +44(0)1905 763305 Fax: +44(0)1905 768851 e corporate.centre@apha.gsi.gov.uk

The animal health and veterinary laboratories Agency is an executive agency of the department for environment, food and rural affairs, working across great britain on behalf of defra, scottish government and welsh government

www.defra.gov.uk/apha

EDO12 (Rev. 04/14) OFFICIAL-SENSITIVE
## Appendix F: Contact directory maintained by APHA local offices

<table>
<thead>
<tr>
<th>Organisation type and name</th>
<th>Contact Name</th>
<th>Designation</th>
<th>Parish/area</th>
<th>Post code</th>
<th>Phone No.</th>
<th>Mobile</th>
<th>Out of hours</th>
<th>E mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix G: Battle Rhythm

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800 – 0830</td>
<td>Daily Strategic Stock take</td>
<td>To ensure senior managers involved in the disease control operation are aware of the latest developments and able to plan and take decisions on the overall strategic direction.</td>
</tr>
<tr>
<td>0830 – 0900</td>
<td><em>NDCC Bird-table</em></td>
<td>To provide brief situation reports on all aspects of the operation to those concerned in its management, operational partners, and external stakeholders, to encourage a coordinated and cooperative response. To identify key emerging issues and allocate responsibility for resolving them/reporting back.</td>
</tr>
<tr>
<td>0900 – 0930</td>
<td>1. LDCC Bird-table  2. GB Daily Communications Meeting – SG/APHA/Defra/WG brief all parties involved</td>
<td>3. (As for NDCC above for the local response)  4. To identify and agree communications strategy for the day</td>
</tr>
<tr>
<td>0930 – 1000</td>
<td>Disease Strategy Group (DSG)</td>
<td>To coordinate and manage the Scottish disease control response.</td>
</tr>
<tr>
<td>1000 – 1100</td>
<td>SGoR-M NSC (THRC)</td>
<td>To provide a forum for Ministerial review of strategies in a wider Government context and for dealing with decisions relating to policy and operational strategy issues that affect other Government Departments.</td>
</tr>
<tr>
<td>1200 – 1230</td>
<td><em>NDCC Bird-table</em></td>
<td></td>
</tr>
<tr>
<td>1400 – 1430</td>
<td>LDCC-MCT meeting</td>
<td></td>
</tr>
<tr>
<td>1500 – 1600</td>
<td>NSC (THRC)</td>
<td></td>
</tr>
<tr>
<td>2100 approx.</td>
<td>Daily report compiled and circulated – to provide a comprehensive situation report on all aspects</td>
<td></td>
</tr>
</tbody>
</table>

NB: These times are guides and some meetings may not need to take place or times may be adjusted depending on the circumstances of the incident.
Appendix H: Foot and Mouth Disease (FMD)

H1. Introduction

Foot and Mouth Disease (FMD) is an acute infectious disease, which causes fever, followed by the development of vesicles (blisters) - chiefly in the mouth and on the feet. The disease is caused by a virus of which there are seven 'types', each producing the same symptoms, and distinguishable only in the laboratory. FMD is probably more infectious than any other disease affecting man or animals and spreads rapidly if uncontrolled. Among farm stock, cattle, sheep, pigs, goats and deer are susceptible. Elephants, hedgehogs, rats and any other cloven-footed animals can also contract it. The Scottish Government’s response to an FMD outbreak is outlined in the Scottish Government’s Exotic Diseases of Animal Generic Contingency Framework Plan. The FMD Control Strategy for GB contains a more detailed response to FMD and can be found at http://www.gov.scot/footandmouthdisease. During an outbreak of FMD in Scotland or elsewhere in GB the FMD web pages will be supplemented with additional information specific to the disease outbreak.

H2. Legislation and National Control Strategy

<table>
<thead>
<tr>
<th>Year</th>
<th>Disease Orders</th>
<th>Statutory Instrument Number</th>
<th>Hyperlink</th>
</tr>
</thead>
</table>
H3. Possible Impact

Confirmation of FMD requires the introduction of an immediate GB wide national movement ban for all susceptible species. Cattle and sheep farming are the major agricultural sectors in Scotland and both of these activities would be severely compromised in the event of an outbreak. However intensive pig production would also face considerable welfare problems very quickly. Of all the notifiable diseases, foot and mouth disease is likely to present the greatest logistical challenge to those agencies responding to an outbreak. The control measures may have to be maintained for many months. A suite of template veterinary risk assessments have been prepared to help facilitate the release of early movement licences (available at http://www.gov.scot/footandmouthdisease).

H4. Public Health

Human disease is extremely rare and is a result of extremely heavy challenge (slaughter person handling very infectious animals). If people do become infected, the symptoms are vesicles on hands and feet. Foot and Mouth Disease should not be confused with Hand, Foot and Mouth Disease, a common disease of children.

H5. Risk of Introduction of Infection and Spread of Disease

FMD is endemic in parts of the world with sporadic outbreaks in disease-free areas. Disease can enter the country via imported animals, contaminated vehicles, personnel and animal products, including human foodstuffs and smuggled goods. Since 2001 government has introduced measures to prevent introduction of infection, measures to reduce the chance infection of livestock by imported goods and measures that would slow down the spread of infection in livestock if it were to become infected.

The virus is present in great quantity in the fluid from the blisters, and it can also occur in saliva, milk and dung. Contamination of any objects with any of these discharges is a danger to other stock.

Airborne spread of the virus can take place under favourable climatic conditions and the disease may be spread several miles by this route. Animals pick up the virus either by direct contact with an infected animal, or by contact with foodstuffs or other things which have been contaminated by such an animal, or by eating or coming into contact with some part of an infected carcase.
Lorries, market places, and loading ramps - in or over which infected animals have travelled - are dangerous sources of infection until disinfected. Roads may also become contaminated, and virus may be picked up and carried on the wheels of passing vehicles.

The boots, clothing, and hands of livestock handlers/keepers who have attended diseased animals can spread the disease. Dogs, cats, poultry, wild game and vermin may also carry infection. The interval between exposure to infection and the appearance of symptoms varies between twenty-four hours and ten days, or even longer. The average time, under natural conditions, is three to six days.

H6. Lead Responder Control Measures Under Statutory and Regulatory Powers and Responsibilities

H6.1 Local Authority Principal Role

- Enforcing movement restrictions.
- Enforcing of cleansing and disinfection requirements.
- Erection of signage and dissemination of guidance and information.
- Stand down and recovery.

H6.2 Animal and Plant Health Agency (APHA) Principal Role

- Respond to and investigate all reports of suspect notifiable disease.
- Lead agency in the instigation of local response to disease outbreak.
- Convene NDCC, LDCC and FOB.
- Supervise the welfare of animals being culled.
- Surveillance and blood sampling of animals to demonstrate absence of disease and thus gain recognition of disease freedom.
- Supervise disinfection of infected premises and safe removal of infected carcases and material.
H6.3 Scottish Government Principal Role

- Ensure necessary legislation is in place.
- Make and disseminate policy decisions.
- Make and disseminate guidance and information on disease control.
- Communicate with field staff and enforcement bodies (such as local authorities).
- Handle policy issues as well as share disease control developments with SGoR, NDCC, other UK Rural Affairs departments and the EU.
- Vaccination against FMD is not permitted unless authorised by Scottish Government.

H6.4 Following Suspicion of Disease

- A restriction notice will be served on the occupier of the premises and there will be a veterinary investigation.
- If examination of animals cannot rule out Foot and Mouth Disease (FMD), then a Temporary Control Zone of 10 km will be imposed. For FMD the Temporary Control Zone would restrict the movement of susceptible animals.
- If the risk and suspicion were high these restrictions could be extended to include non-susceptible animals, vehicles, certain personnel, and products likely to transmit disease on and off livestock holdings.
- Disease may be confirmed within four hours of the sample arriving at the national reference laboratory in Pirbright but in some circumstances it may take 4 days; consequently a negative result normally takes 4 days.

H6.5 Following Confirmation of Disease

- A GB-wide national movement ban will be implemented (through the introduction of a Restricted Zone) and an immediate ban on the export of animals, red meat and dairy products.
- An Infected Area, consisting of a Protection Zone and Surveillance Zone will be established.
- The Protection Zone will be at least 3 km in radius and centred around the Infected Premises, and the outer boundary of the Surveillance Zone will be at least 10 km from the Infected Premises. The Restricted Zone will cover the rest of GB.
The Infected Area measures will include movement restrictions and enhanced biosecurity. Farmers in Infected Areas have to set up cleansing and disinfection points at their farm gates but central cleansing and disinfection points will have to be established.

Public access to land will be prevented in the Protection Zone until there is a clear understanding of the source and extent of spread of disease (this may take around a week) but the countryside outside of that zone will be 'open'.

All animals on Infected Premises and those considered to be Dangerous Contacts will be destroyed. The preferred methods of disposal of livestock will by commercial rendering or incineration, but if disposal capacity is reached (particularly where outbreaks are large) on-farm pyres might be used. Consideration will also be given to control of vectors where applicable.

Rodent control may be implemented depending upon the level of infestation and risk to adjacent premises.

### H7. Control Zones which may be declared

<table>
<thead>
<tr>
<th>Statutory Instrument</th>
<th>Zone</th>
<th>Stage Declared</th>
<th>Area</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMD(S) Order 2006 (No 44)</td>
<td>Temporary Control Zone (TCZ)</td>
<td>Suspicion</td>
<td>Any size considered fit by SMs (usually 10km)</td>
<td>Article 15, 16, 17</td>
</tr>
<tr>
<td></td>
<td>Supplementary Movement Control Zone</td>
<td>Suspicion</td>
<td>Any size considered fit by SMs</td>
<td>Article 18, 19</td>
</tr>
<tr>
<td></td>
<td>Protection Zone (PZ)</td>
<td>Confirmation</td>
<td>&gt;3 Km minimum</td>
<td>Article 30, 31, 33, Schedule 4 (part 1 and 2)</td>
</tr>
<tr>
<td></td>
<td>Surveillance Zone (SZ)</td>
<td>Confirmation</td>
<td>&gt;10 Km minimum</td>
<td>Article 30, 31, 33 Schedule 4 (Part 1 and 3)</td>
</tr>
<tr>
<td></td>
<td>Restricted Zone</td>
<td>Confirmation</td>
<td>Any size considered fit by Scottish Ministers (and at least area of vaccination zone, if declared).</td>
<td>Article 37, 38, Schedule 6</td>
</tr>
<tr>
<td>Wild Animal Infected Zone</td>
<td>Confirmation of disease in any wild animals GB</td>
<td>Any size considered fit by Scottish Ministers</td>
<td>Article 39, 40</td>
<td></td>
</tr>
</tbody>
</table>
Appendix I. Avian Influenza (AI)

I1. Introduction

There are many strains of avian influenza (AI) virus, which vary in their ability to cause disease. AI viruses are categorised according to their ability to cause severe disease (pathogenicity) in birds. This separates them into one of two categories, low pathogenicity avian influenza (LPAI) and highly pathogenic avian influenza (HPAI). They are also categorised according to the properties of their surface proteins (haemagglutinin (H1-H16) and neuraminidase (N1-N9)). To date, only AI viruses of subtypes H5 and H7 have caused highly pathogenic infection in birds. Therefore, notifiable strains to date are any infection of poultry or other captive birds with any highly pathogenic influenza A virus (HPAI), or any infection of poultry or other captive birds with LPAI influenza A virus of H5 or H7 subtype. In relation to AI wild birds, action will be taken if a HPAI H5N1 strain is identified in a wild bird.

The Scottish Government’s response to an AI outbreak is outlined in the Scottish Government’s Exotic Diseases of Animal Generic Contingency Framework Plan. The Notifiable Avian Diseases Control Strategy for GB contains a more detailed response to AI and can be found at www.gov.scot/avianinfluenza. During an outbreak of AI in Scotland or elsewhere in GB the AI web pages will be supplemented with additional information specific to the disease outbreak.

I2. Legislation and National Control Strategy

<table>
<thead>
<tr>
<th>Year</th>
<th>Disease Orders</th>
<th>Statutory Instrument Number</th>
<th>Hyperlink</th>
</tr>
</thead>
</table>
### I3. Possible Impact

Commercial poultry in Scotland is small compared to other parts of the EU but was still worth in the region of £178 million to the Scottish economy in 2014. In June 2015 there were estimated to be just over 13 million commercial birds in Scotland. Commercial poultry production in Scotland is a very organised and integrated industry, and any movement controls would have serious consequences for producers. Given the zoonotic potential of avian influenza, the involvement of the Health Boards and strategy for handling the media will be important. Any outbreak would also have an impact on recreational activities, such as pigeon racing.

### I4. Public Health

Different strains of avian influenza virus pose different risks to humans. The H7N7 virus readily infects people but symptoms are usually mild. Up to January 2016 there have been 702 confirmed human cases of H7N9 and 275 deaths. There have been relatively few infections of people with H5N1. There also remains speculation that avian influenza could trigger a
human flu pandemic, although the risk of the mutation happening during an outbreak of avian influenza in Scotland is negligible. The threat to human health by avian influenza is real and the Consultant in Public Health (Medicine) and HPS would be key members of the LDCC Management Control Team. Anybody visiting poultry farms should receive advice from the health and safety team in their own organisation. The Health and Safety Executive have produced general advice on the subject.

I5. Risk of Introduction of Infection and Spread of Disease

There remains a low level of threat from a number of sources. The epidemic of H5N1 HPAI in Asia and Eastern Europe poses a low level threat from the import of infected poultry and poultry products or by direct or indirect contact from migrating birds. There are enhanced import controls, measures in place to control gatherings of birds, enhanced surveillance and an awareness campaign so that farmers put in place measures to reduce contact between wild birds and domestic poultry – these will all help to reduce the threat of introduction disease. There is a low level of risk that wild birds may introduce a mild strain of LPAI to a commercial flock and this may then mutate into a more virulent HPAI strain.

Spread of AI is usually by direct contact with secretions from infected birds (especially faeces) but can also be via contaminated feed, water, equipment and clothing. Clinically normal waterfowl and sea birds may also introduce the virus into domestic flocks, and contaminated eggs and eggshells may infect chicks in an incubator.

I6. Lead Responder Control Measures Under Statutory and Regulatory Powers and Responsibilities

I6.1 Local Authority Principal Role

- Enforcing Animal Health and Welfare Legislation
- Enforcing movement restrictions
- Enforcing of cleansing and disinfection requirements
- Erection of signage and dissemination of guidance and information
- Stand down and recovery

I6.2 Animal and Plant Health Agency (APHA) Principal Role

- Respond to and investigate all reports of suspect notifiable disease
• Lead agency in the instigation of local response to disease outbreak
• Convene the NDCC, LDCC and FOB
• Supervise the welfare of birds being culled and subsequent disposal
• Surveillance and blood sampling of animals to demonstrate absence of disease and thus gain recognition of disease freedom

I6.3 NHS Boards Principal Role

• Provide pre-exposure prophylaxis to ‘at risk groups’ as required
• Carry out risk assessment for requirement of post exposure prophylaxis (PEP)
• Coordinate post-exposure surveillance of at risk groups for influenza like illness as appropriate
• Provide medical treatment and advice to persons presenting with influenza like illness
• Deploy Competent Person in Public Health Medicine as part of LDCC Management Control Team
• Provide representative to National IMT
• Contribute to the Communications Strategy, risk communication and public facing messages in respect of matters affecting public health

16.4 Health Protection Scotland’s (HPS’s) Principal Role

• Convene National IMT to coordinate Public Health response
• Provide expert public health advice to responding agencies
• Provide operational support to NHS boards in relation to the public health response to the incident

I6.5 Scottish Government Principal Role

• Ensure necessary legislation is in place
• Make and disseminate policy decisions
• Make and disseminate guidance and information on disease control
• Communicate with field staff and enforcement bodies (such as local authorities)
• Handles policy issues as well as share disease control developments with SGoR, NDCC, other UK Rural Affairs departments and the EU

I6.6 Following Suspicion of Disease

• A restriction notice is served on the suspect premises
• Depending on the circumstances birds on the suspect premises may be culled based on the clinical picture and interim laboratory results. A Temporary Control Zone may also be imposed – this will depend on the epidemiology of the reported case

I6.7 Control - HPAI Avian Influenza in Poultry and captive birds

• If HPAI is confirmed in poultry or captive birds then an Infected Area, consisting of a Protection Zone and Surveillance Zone will be established
• A Protection Zone (with a radius of at least 3 km) and a Surveillance Zone (with a radius of at least 10 km) will be established around the Infected Premises
• The Infected Area measures will include movement restrictions and enhanced biosecurity
• A central cleansing and disinfection point would be necessary but the throughput would be much less than that for Foot and Mouth Disease
• Some movements will be allowed under a general or specific movement licence according to risk assessment
• If the strain is confirmed as HPAI H5N1 a wider Restricted Zone would also be declared. It’s size and type of restrictions would be based on advice from the Ornithological Experts Group and would likely be based on geography such as following a coast line.
• Depending on the epidemiology of the outbreak, captive birds other than poultry may or may not be affected by the measures in the Infected Area
• All poultry on Infected Premises and those considered to be Dangerous Contacts will be destroyed. Birds will be disposed by commercial rendering or incineration under official supervision
• If pigs are present on any premises infected with AI, they will be tested for AI
I6.8 Control - LPAI Avian Influenza in Poultry or Captive Birds

- If LPAI is confirmed in domestic poultry or captive birds, an Order will be signed by the Scottish Ministers declaring a minimum 1 km LPAI Restricted Zone around the IP
- Affected poultry on the IP will be culled and disposed of
- Increased biosecurity and surveillance measures will apply within the Restricted Zone

I6.9 Control - HPAI H5N1 in Wild Birds

- If HPAI H5N1 is confirmed in wild birds Scottish Ministers would declare a Wild Bird Control Zone and Wild Bird Monitoring Zone. The size would be based on advice from the Ornithological Experts Group (convened by Scottish Government)
- Poultry premises in these zones would need to be identified and inspected
- Poultry owners would need to house birds. Movement restrictions would also be in place
- The APHA Head of Field Delivery would likely convene the LDCC Management Control Team but his may not require the full response of a LDCC

I7. Control Zones which may be declared

Every “Controlled Zone” is an “Infected Area” for the purpose of the Act (AH Act 1981)

<table>
<thead>
<tr>
<th>Statutory Instrument</th>
<th>Zone</th>
<th>Stage Declared</th>
<th>Area</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Pathogenic AI (HPAI) in poultry or captive birds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Al (H5N1 in Poultry) (Scotland) Order 2007 and The Al and Al of Avian Origin in Mammals (S) Order 2006 - referred to</td>
<td>2 zones; a “First Zone” (Area A) and “Second Zone” (Area B) The 2 Zones can be: (a) Temporary Movement Restriction Zone (TMRZ)</td>
<td>Suspicion</td>
<td>Any size considered fit by Scottish Ministers (SMs)</td>
<td>article 6 of the 2007 Order and Article 13 of the main Order.</td>
</tr>
<tr>
<td>Statutory Instrument</td>
<td>Zone</td>
<td>Stage Declared</td>
<td>Area</td>
<td>Controls</td>
</tr>
<tr>
<td>----------------------</td>
<td>------</td>
<td>----------------</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td>in this table as “the main Order”</td>
<td>+ Temporary Control Zone (TCZ) (b) 2 x TMRZs (c) 2 x TCZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI (H5N1 in Poultry) (Scotland) Order 2007 and The AI and AI of Avian Origin in Mammals (S) Order 2006(c)</td>
<td>Protection Zone (Article 26 of the 2006 Order)</td>
<td>Confirmation</td>
<td>3 Km radius (minimum)</td>
<td>Main Order: Article 26, 28 and Schedule 4</td>
</tr>
<tr>
<td></td>
<td>Surveillance Zone (Article 26 of the 2006 Order)</td>
<td>Confirmation</td>
<td>10 Km radius (minimum)</td>
<td>Main Order: Article 29, And Schedule 5</td>
</tr>
<tr>
<td></td>
<td>Restricted Zone (Article 26 of the 2006 Order) A RZ may be declared for notifiable strains but must be declared for H5N1.</td>
<td>Confirmation</td>
<td>Any size considered fit by SMs</td>
<td>Main Order: Article 26, 32 and Some or all the measures in Schedule 4, 5 and article 33.</td>
</tr>
</tbody>
</table>

**Low Pathogenicity AI (LPAI)**

| The AI and AI of Avian Origin in Mammals (S) Order 2006 | Low Pathogenic AI Restricted Zone | On confirmation of LPAI in poultry | 1 Km radius (minimum) | Article 53 and Schedule 7 |

**HPAI H5N1 in Wild Birds**

<p>| AI (H5N1 in Wild Birds) (S) Order 2007 | Wild Bird Control Area (WBCA) | confirmation | At least 3 km from where bird was found | Article 8, 9 Schedule 1 and 3 |</p>
<table>
<thead>
<tr>
<th>Statutory Instrument</th>
<th>Zone</th>
<th>Stage Declared</th>
<th>Area</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wild Bird Monitoring Area (WBMA)</td>
<td>confirmation</td>
<td>At least 10km from where bird was found</td>
<td>Article 8, 9 Schedule 2 and 3</td>
</tr>
</tbody>
</table>

**Additional preventative measures (disease need not be suspected or confirmed)**

| The AI and AI of Avian Origin in Mammals (S) Order 2006(c) | Prevention Zone | period of high risk of incursion from AI (following a risk assessment) | Any size considered fit by Scottish Ministers | Main order: Article 6 |
I8. Guidance on handling and disposing of dead garden and wild birds

The advice given here applies in all circumstances where members of the public come across a dead bird, regardless of whether there is any avian influenza in the UK.

If you find die-offs involving 5 or more dead birds in the same place, at the same time you should contact the Defra Helpline (03459 33 5577) and choose the relevant menu option. The helpline is open from 9am - 5pm, Monday - Friday. If the dead bird is a single, small garden or wild bird then you do not need to call the help line. Single dead birds do not require referral or collection.

If you find a dead bird, you should leave it alone. If you must dispose of a dead bird, you should follow the guidelines below. Wild birds can carry several diseases that are infectious to people, however, some simple hygiene precautions should minimise the risk of infection. It is hard for people to catch avian influenza from birds and the following simple steps are effective in reducing the transmission of avian influenza.

If you have to move a dead bird:
- Avoid touching the bird with your bare hands.
- If possible, wear disposable protective gloves when picking up and handling (if disposable gloves are not available, see 7).
- Place the dead bird in a suitable plastic bag, preferably leak proof. Care should be taken not to contaminate the outside of the bag.
- Tie the bag and place it in a second plastic bag.
- Remove gloves by turning them inside out and then place them in the second plastic bag. Tie the bag and dispose of in the normal household refuse bin.
- Hands should then be washed thoroughly with soap and water.
- If disposable gloves are not available, a plastic bag can be used as a makeshift glove. When the dead bird has been picked up, the bag can be turned back on itself and tied. It should then be placed in a second plastic bag, tied and disposed of in the normal household waste.
- Alternatively, the dead bird can be buried, but not in a plastic bag.
- Any clothing that has been in contact with the dead bird should be washed using ordinary washing detergent at the temperature normally used for washing the clothing.
• Any contaminated indoor surfaces should be thoroughly cleaned with normal household cleaner.

Appendix J: Newcastle Disease (ND)

J1. Introduction

Newcastle Disease (ND) is a highly contagious disease of birds caused by a para-myxo virus. Birds affected by this disease include fowls, turkeys, geese, ducks, pheasants, guinea fowl and other wild and captive birds. In Great Britain, isolated cases of this disease were first reported in the 1930s. From 1947, outbreaks occurred here over the next 30 years and there were further isolated cases, most recently in 2007 (East Lothian). This disease does, however, remain a problem worldwide.

The clinical signs vary from a very acute form with sudden onset and high mortality, to a mild disease with slight respiratory disease and a drop in egg production as the only detectable clinical signs. Other possible signs include depression, lack of appetite, respiratory distress, diarrhoea and nervous signs. In laying flocks a sudden drop in egg production with a high proportion of eggs laid with abnormal (soft) shells is often an early sign of disease. Young birds are particularly susceptible and mortality can be heavy, with survivors often exhibiting permanent nervous signs. Licensed vaccines are freely available for use in poultry and pigeons and are widely used in commercial poultry production on a prophylactic basis.

The Scottish Government’s response to a ND outbreak is outlined in the Scottish Government’s Exotic Diseases of Animal Generic Contingency Framework Plan. The Notifiable Avian Diseases Control Strategy for GB contains a more detailed response to ND and can be found at http://www.gov.scot/newcastledisease. During an outbreak of ND in Scotland or elsewhere in GB the ND web pages will be supplemented with additional information specific to the disease outbreak.

J2. Legislation and National Control Strategy

<table>
<thead>
<tr>
<th>Year</th>
<th>Disease Orders</th>
<th>Statutory Instrument Number</th>
<th>Hyperlink</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Disease Orders</td>
<td>Statutory Instrument Number</td>
<td>Hyperlink</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
J3. Possible Impact

The commercial poultry industry in Scotland is a very organised and integrated industry; any movement restrictions, imposed as part of the disease control response, would have potentially serious consequences for producers in the Infected Area. It is at its most dense on the East Coast of Scotland. Commercial flocks that are routinely vaccinated against Newcastle Disease would be protected. It is likely that public interest would be minimal and the expected impact on the general public would be low. There are numerous backyard flocks within Scotland, and identifying and implementing controls on these will be resource intensive.

If Newcastle Disease was confirmed then a Local Disease Control Centre (LDCC) would be established. The scale of a response would be expected to be much smaller than that of highly pathogenic Avian Influenza or FMD.

J4. Public Health

Newcastle Disease virus does not pose a significant threat to human health, even when people handle birds known to be infected. Close contact is required for transmission to humans. The disease can cause conjunctivitis and a mild fever. The symptoms only last a few days and there are no long-term effects on health. There is no risk of human infection from poultry meat or eggs.

J5. Risk of Introduction of Infection

There remains a low to moderate level of threat from a number of sources. Newcastle Disease is endemic in much of Africa, Asia and Central and South America and sporadic outbreaks occur throughout the EU in most years. Disease could be introduced by importing infected poultry and poultry products or by migrating wild birds introducing infection. Preventative measures introduced in the response to Avian Influenza will further enhance control measures that protect the UK and the poultry industry from Newcastle Disease.
J6. Spread of Disease

Spread is usually by direct contact with secretions from infected birds (especially faeces) but can also be via contaminated feed, egg boxes, water, equipment and clothing. Wild birds may introduce the virus into flocks.

J7. Lead Responder Control Measures Under Statutory and Regulatory Powers

J7.1 Local Authority Principal Role

- Enforcing Animal Health and Welfare Legislation
- Enforcing movement restrictions
- Enforcing of cleansing and disinfection requirements
- Erection of signage and dissemination of guidance and information
- Stand down and recovery

J7.2 Animal and Plant Health Agency (APHA) Principal Role

- Respond to and investigate all reports of suspect notifiable disease
- Lead agency in the instigation of local response to disease outbreak
- Convene the NDCC, LDCC and FOB
- Supervise the welfare of animals being culled
- Surveillance and blood sampling of animals to demonstrate absence of disease and thus gain recognition of disease freedom

J7.3 Scottish Government Principal Role

- Ensure necessary legislation is in place
- Make and disseminate policy decisions
- Make and disseminate guidance and information on disease control
- Communicate with field staff and enforcement bodies (such as local authorities)
• handles policy issues as well as share disease control developments with SGoR, NDCC, other UK Rural Affairs departments and the EU

J.7.4 Following Suspicion of Disease

• a restriction notice is served on the suspect premises
• current legislation does not support a Temporary Control Zone, although if it is not possible to rule out Avian Influenza one may be introduced under that legislation
• disease may be confirmed in 2 or 3 days but it might take a week

J.7.5 Following Confirmation of Disease

• an Infected Area, consisting of a Protection Zone and Surveillance Zone will be established
• a Protection Zone (with a radius of at least 3 km) and a Surveillance Zone (with a radius of at least 10 km) will be established around the Infected Premises
• the Infected Area measures will include movement restrictions and enhanced biosecurity
• some movements will be allowed under a general or specific movement licence according to risk assessment
• a central cleansing and disinfection point would be necessary but the throughput would be much less than that for FMD
• captive birds, other than poultry may or may not be affected by most of the measures in the Infected Area but their owners would have to report any unexpected illnesses or deaths
• all poultry on Infected Premises and those considered to be Dangerous Contacts will be destroyed. Birds will be disposed by commercial rendering or incineration
J8. **Control Zones which may be declared**

<table>
<thead>
<tr>
<th>Statutory Instrument</th>
<th>Zone</th>
<th>Stage Declared</th>
<th>Area</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of Poultry (Scotland) Order 2003</td>
<td>Protection Zone</td>
<td>Confirmation</td>
<td>3 km minimum</td>
<td>Article 11, Schedule 2 para 1-4</td>
</tr>
<tr>
<td></td>
<td>Surveillance Zone</td>
<td>Confirmation</td>
<td>10 km minimum</td>
<td>Article 11, Schedule 2 para 5-8</td>
</tr>
</tbody>
</table>
Appendix K: Swine Vesicular Disease (SVD)

K1. Introduction

Swine Vesicular Disease (SVD) is a disease of pigs and was first identified in Italy in 1966 and outbreaks have mostly been in Europe. There were numerous outbreaks in GB in the 1970s but the last case was in 1982. The disease presents with blisters on the snout and feet and it is impossible to distinguish it from Foot and Mouth Disease (FMD) on inspection.

The Scottish Government’s response to a SVD outbreak is outlined in the Scottish Government’s Exotic Diseases of Animal Generic Contingency Framework Plan. The SVD Control Strategy contains a more detailed response to SVD and can be found at www.gov.scot/swinevesiculardisease. During an outbreak of SVD in Scotland or elsewhere in GB the SVD web pages will be supplemented with additional information specific to the disease outbreak.

K2. Legislation and National Contingency Plan

<table>
<thead>
<tr>
<th>Year</th>
<th>Disease Orders</th>
<th>Statutory Instrument Number</th>
<th>Hyperlink</th>
</tr>
</thead>
</table>
K3. Possible Impact

The disease is clinically indistinguishable from FMD and each report case must be treated as suspicion of Foot and Mouth Disease with a Temporary Control Zone under FMD Legislation. The consequences are that the impact would be felt beyond the pig sector. There would only be a moderate impact on the wider rural community mostly as a result of Foot and Mouth Disease alarms. Once the disease was confirmed as SVD, the scale of the response would be significantly less than that for Foot and Mouth Disease.

K4. Public Health

Human disease does not occur but laboratory workers have been known to seroconvert.

K5. Risk of Introduction of Infection and Spread of Disease

The greatest risk factor for introduction of disease is pigs eating contaminated pork products. Disease can also enter the country via imported pigs, contaminated vehicles, personnel and animal products. Control measures are in place to prevent introduction of disease by restricting imports from high-risk areas.

Pigs can be infected via direct contact with diseased pigs, by contact with lorries, market places, and loading ramps - in or over which infected animals have travelled – or boots, clothing, and hands of a stockperson who has attended diseased pigs. The disease is not as infectious as Foot and Mouth Disease.

K6. Lead Responder Control Measures under Statutory and Regulatory Powers and Responsibilities

K6.1 Local Authority Principal Role

- Enforcing movement restrictions.
- Enforcing of cleansing and disinfection requirements.
- Erection of signage and dissemination of guidance and information.
- Stand down and recovery.
K6.2 Animal and Plant Health Agency (APHA) Principal Role

- Respond to and investigate all reports of suspect notifiable disease.
- Lead agency in the instigation of local response to disease outbreak.
- Convene the NDCC, LDCC and FOB
- Supervise the welfare of animals being culled
- Surveillance and blood sampling of animals to demonstrate absence of disease and thus gain recognition of disease freedom.

K6.3 Scottish Government Principal Role

- Ensure necessary legislation is in place.
- Make and disseminate policy decisions.
- Make and disseminate guidance and information on disease control.
- Communicate with field staff and enforcement bodies (such as local authorities).
- Handles policy issues as well as share disease control developments with SGoRR, NDCC, other UK Rural Affairs departments and the EU.

K6.4 Following Suspicion of Disease

- A restriction notice is served on the suspect premises and if examination of animals cannot rule out Vesicular Stomatitis and FMD, Scottish Ministers would impose a FMD Temporary Control Zone.
- This would restrict the movement of susceptible animals, non-susceptible animals, vehicles, certain personnel, and products likely to transmit disease on and off livestock holdings.
- Disease may be confirmed within four hours but in some circumstances it may take 4 days; consequently a negative result normally takes 4 days.

K6.5 Following Confirmation of Disease

- There is no provision under existing legislation for a national movement ban.
- An Infected Area, consisting of a Protection Zone and Surveillance Zone will be established.
- The Protection Zone will be at least 3 km from the Infected Premises and the outer boundary of the Surveillance Zone will be at least 10 km.
- The Infected Area measures will include movement restrictions and enhanced biosecurity.
- Some movements will be allowed under a general or specific movement licence according to risk assessment. A central cleansing and disinfection point would be necessary but the throughput would be much less than that for Foot and Mouth Disease.
- Public access to land will be prevented only on farms where disease is believed to exist.
- Footpaths in the Infected Area will remain ‘open’ except on the infected premises.
- All pigs on Infected Premises and those considered to be Dangerous Contacts will be destroyed.
- The preferred methods of disposal will by commercial rendering or incineration.

**K7. Control Zones which may be declared**

<table>
<thead>
<tr>
<th>Statutory Instrument</th>
<th>Zone</th>
<th>Stage Declared</th>
<th>Area</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMD(S) Order 2006 (No 44)</td>
<td>Temporary Control Zone (TCZ)</td>
<td>Suspicion – Foot and Mouth Disease cannot be ruled out</td>
<td>Any size considered fit by Scottish Ministers (SMs)</td>
<td>Article 15, 16, 17</td>
</tr>
<tr>
<td></td>
<td>Supplementary Movement Control Zone</td>
<td>Suspicion – Foot and Mouth Disease cannot be ruled out</td>
<td>Any size considered fit by SMs</td>
<td>Article 18, 19</td>
</tr>
<tr>
<td>The Diseases of Swine Regulations 2014</td>
<td>Protection Zone (PZ)</td>
<td>Confirmation</td>
<td>3 Km (minimum)</td>
<td>Regulation 23 Schedule 3 Part 1 Schedule 4 para 1, 3</td>
</tr>
<tr>
<td></td>
<td>Surveillance Zone (SZ)</td>
<td>Confirmation</td>
<td>10 Km (minimum)</td>
<td>Regulation 23 Schedule 3 Part 2</td>
</tr>
<tr>
<td>Statutory Instrument</td>
<td>Zone</td>
<td>Stage Declared</td>
<td>Area</td>
<td>Controls</td>
</tr>
<tr>
<td>----------------------</td>
<td>------</td>
<td>----------------</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(except para 13)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Schedule 4 para 2, 3</td>
</tr>
<tr>
<td>Feral Pig Investigation or Control Zone</td>
<td>Confirmation of disease in any wild animals GB</td>
<td>Any size considered fit by SMs</td>
<td>Regulation 20, 21</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Schedule 2</td>
</tr>
</tbody>
</table>
Appendix L: Bluetongue virus (BTV)

L1. Introduction

BTV is a notifiable disease of ruminants including sheep, cattle deer, goats and camelids (which includes camels, llamas, alpacas). The disease has the potential for rapid spread with significant production loss for the sheep and cattle industry. BTV clinical signs may be confused with other diseases, including FMD and any concerns must be discussed with a private vet or the duty APHA vet. There are 26 different serotypes and is spread by various species of biting midges of the genus Culicoides. It cannot naturally be transmitted directly between animals (except BTV8 which may occur across the placenta and BTV 26 between goats). When a midge bites an infected animal, in the right conditions the virus replicates in the insect vector and then passed on to the next ruminant host at the next midge bite. Peak populations of the vector Culicoides occur in the summer and autumn and therefore this is the time when BTV is most commonly seen. Vaccination against certain strains of bluetongue (BTV1, 4 and 8) is permitted in GB and is the most effective control method.

The Scottish Government’s control structures set up to respond to a bluetongue outbreak is outlined in the Scottish Government’s Exotic Diseases of Animal Generic Contingency Framework Plan. However, as the disease is spread by vectors the disease response is different to mopst other exotic notifiable diseases. The GB Bluetongue Virus Disease Control Strategy outlines the Scottish Government’s response to a bluetongue outbreak. It can be found at http://www.gov.scot/bluetongue. During an outbreak of bluetongue in Scotland or elsewhere in GB those web pages will be supplemented with additional information specific to the disease outbreak.

L2. Legislation and National Control Strategy

<table>
<thead>
<tr>
<th>Year</th>
<th>Disease Orders</th>
<th>Statutory Instrument Number</th>
<th>Hyperlink</th>
</tr>
</thead>
</table>
L3. Possible Impact

BTV is a highly infectious viral disease of animals spread by certain types of biting midge. It’s ability to spread is dependent on favourable climatic conditions.

If BTV is suspected a government veterinary inspector will serve a restriction notice prohibiting movements of ruminants from the premises and anywhere that susceptible animals may have been exposed to the disease. A Temporary Control Zone (TCZ), of an appropriate size to contain disease, may be declared around the premises while veterinary investigations are carried out. No susceptible animals, carcases, ovum, embryos or semen are permitted to move to or from any premises within this zone, except under licence issued by a veterinary inspector. If infection is identified at the premises and there appears to be limited local spread e.g. on the farm and no evidence of widespread circulation of disease by midges, Scottish Ministers will likely try and contain and eradicate it by culling relevant ruminant animals. At this point it may not be necessary to introduce a wider restricted zone (comprising control, protection and surveillance zones). Confirmation of disease usually requires evidence that disease is circulating. If disease is confirmed to be circulating, EU legislation requires the introduction of a Control Zone of 20 km in radius, a Protection Zone with a radius of at least 100 km and a further Surveillance Zone of 50 km in radius. These area control measures include movement restrictions similar to that imposed by the TCZ. Controls on movement of livestock out of a zone may have an economic impact on livestock keepers caught up in those zones. Chronically affected animals will likely have to be destroyed on welfare grounds. As there is no compulsory culling of infected animals there will be no Government compensation for affected animals. Public access will likely be restricted to the Infected Premises only.

L4. Public Health

There is no risk to human health. It does not affect humans.
L5. Risk of Introduction of Infection and Spread of Disease

Since 1999 there have been widespread outbreaks in most European countries including France, Spain, Greece, Italy, Corsica and the Balearic Islands. A number of serotypes have been involved including 2, 4, 8 and 16.

L6. Lead Responder Control Measures under Statutory and Regulatory Powers and Responsibilities

L6.1 Local Authority Principal Role

- Enforcing movement restrictions.
- Enforcing of cleansing and disinfection requirements.
- Issue movement licences (if requested by APHA)
- Erection of signage and dissemination of guidance and information.
- Stand down and recovery.

L6.2 Animal and Plant Health Agency (APHA) Principal Role

- Respond to and investigate all reports of suspect notifiable disease.
- Lead agency in the instigation of local response to disease outbreak.
- Convene the NDCC, LDCC and FOB
- Issue movement licences
- Supervise the welfare of animals being culled
- Surveillance and blood sampling of animals to demonstrate absence of disease and thus gain recognition of disease freedom.

L6.3 Scottish Government Principal Role

- Ensure necessary legislation is in place.
- Make and disseminate policy decisions
• Make and disseminate guidance and information on disease control.
• Communicate with field staff and enforcement bodies (such as local authorities).
• Handles policy issues as well as share disease control developments with SGoRR, NDCC, other UK Rural Affairs departments and the EU.

L.6.4 Following Suspicion of Disease

• A restriction notice is served on the suspect premises, this would restrict the movement of susceptible animals on/off the premises

L.6.5 Following Confirmation of Disease

• An Infected Area, consisting of a Protection Zone and Surveillance Zone will be established.
• The Protection Zone will be at least 100 km from the Infected Premises and the outer boundary of the Surveillance Zone will at least 50 km in radius beyond the PZ.
• Movement of susceptible animals out of these zones are banned (although animals can move freely within those zones) except under certain conditions.
• Implementation of a surveillance programme
### Control Zones which may be declare

<table>
<thead>
<tr>
<th>Statutory Instrument</th>
<th>Zone</th>
<th>Stage Declared</th>
<th>Area</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>The BT (S) Order 2012</td>
<td>Temporary Control Zone (TCZ)</td>
<td>Suspicion</td>
<td>Any size considered fit by Scottish Ministers (SMs)</td>
<td>Article 13 Some or all measures in Article 12(1)(b) to (e)</td>
</tr>
<tr>
<td>Control Zone</td>
<td>Confirmation</td>
<td></td>
<td>20 km (Initially, then may be varied)</td>
<td>Article 15</td>
</tr>
<tr>
<td>Protection Zone (PZ)</td>
<td>Confirmation</td>
<td></td>
<td>100 Km radius (minimum)</td>
<td>Article 16</td>
</tr>
<tr>
<td>Surveillance Zone (SZ)</td>
<td>Confirmation</td>
<td></td>
<td>&gt;50 km radius beyond the PZ</td>
<td>Article 16</td>
</tr>
<tr>
<td>Provisionally Free Area</td>
<td>Exit Strategy</td>
<td></td>
<td>Areas previously part of a PZ and SZ</td>
<td>Reduced PZ/SZ measures</td>
</tr>
</tbody>
</table>
Appendix M: Rabies (RAB)

M1. Introduction

Rabies is a fatal viral disease of the nervous system caused by a [rhabdo] virus which can affect all mammals including humans and affect bats as well as terrestrial animals. The disease is usually spread by saliva from the bite of an infected animal. It is invariably fatal once signs of the disease have appeared.

The disease is absent from land mammals in the UK but a strain of rabies called European Bat Lyssavirus (EBVL 2) has been detected at a low prevalence in certain species of bats in GB and there was a fatal human case of rabies caused by EBVL 2 in Scotland in December 2002.

The Scottish Government’s control structures that would be set up in response to a rabies outbreak is outlined in the Scottish Government’s Exotic Diseases of Animal Generic Contingency Framework Plan. However, the disease response to rabies is different to most other exotic notifiable diseases. The Rabies Control Strategy contains a more detailed response and can be found at www.gov.scot/rabies. The operational response to a rabies outbreak is generally local authority led. It is expected that the LDCC would be stood up by APHA to help coordinate the response and, given the potential implications for human health, the Scottish Government Resilience Room (SGoR) would, at minimum, monitor the situation and provide briefing to Scottish Ministers. During an outbreak of rabies in Scotland or elsewhere in GB the rabies web pages will be supplemented with additional information specific to the disease outbreak.

M2. Legislation and National Contingency Plan

<table>
<thead>
<tr>
<th>Year</th>
<th>Disease Orders</th>
<th>Hyperlink</th>
</tr>
</thead>
</table>
### M3. Possible Impact

<table>
<thead>
<tr>
<th>Sector</th>
<th>Impact</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domestic Agricultural Industry</strong></td>
<td>MODERATE</td>
<td>Rabies is not primarily a livestock disease but may infect livestock, which are unlikely to transmit disease further. Movement restrictions would be placed on affected premises. Food Standard Scotland (FSS) guidance on dairy and meat products would need to be followed where livestock have been in contact with suspect/contact animals. If infection became established there would be increased risk to agricultural workers.</td>
</tr>
<tr>
<td><strong>International Agricultural Trade</strong></td>
<td>MODERATE</td>
<td>Trade restrictions on affected holdings. Some countries may be unwilling to import dairy and meat products if disease is suspected/confirmed in livestock.</td>
</tr>
<tr>
<td><strong>General Public</strong></td>
<td>HIGH</td>
<td>In the event of an outbreak there would be a high level of concern amongst the public. Pet owners would be particularly concerned about their own pet’s health. They would be required to take measures such as muzzling and leashing as well as keeping pet...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Disease Orders</th>
<th>Hyperlink</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sector</td>
<td>Impact</td>
<td>Detail</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>dogs and cats under control and may be required to vaccinate their pets against rabies. Non-pet owning general public might perceive pets and potentially wildlife reservoirs such as foxes, bats, or (to a limited extent) badgers as a risk.</td>
</tr>
<tr>
<td>Government</td>
<td>HIGH</td>
<td>High public concern would require urgent decisions regarding control and eradication as well as joined-up working with the public health colleagues and local authorities. Outbreaks can occur in urban as well as rural areas.</td>
</tr>
<tr>
<td>Rural Industry</td>
<td>HIGH</td>
<td>In the event of an outbreak, movement restrictions would apply to specific animals within an Infected Area, including livestock, zoo animals and companion animals. Some activities in an Infected Area, such as animal gatherings and hunting, would be banned except under licence. If outbreaks in wildlife require vaccination and/or destruction, a reaction from Animal Rights groups is to be expected. Possible impact on rural tourism if wildlife controls are required.</td>
</tr>
<tr>
<td>Public Health</td>
<td>VERY HIGH</td>
<td>Rabies is fatal in humans. People bitten or scratched by a confirmed or suspect animal will require post-exposure treatment. The costs to the National Health Service could be high, and resources would be needed to investigate all possible contacts with rabid animals. The last human death in the UK from classical rabies (genotype 1) contracted in the country was in 1902. A bat handler died in 2002 from a bat strain of the virus (European Bat Lyssavirus (EBVL 2)). Any infected animal that has started to excrete the virus, which may be several days before clinical signs are seen, poses a hazard. Currently the only source to the general public in the UK is in part of the bat population that is infected with the EBVL 2 (and possibly EBVL1) strain of the virus. At highest risk would be workers in quarantine kennels or dealing with animals imported illegally and/or owners of those animals may be exposed to infection brought in from abroad.</td>
</tr>
</tbody>
</table>
History, Risk Introduction and Spread of Disease:

Classical rabies was eradicated from the UK in 1922 but is widely distributed across the globe, present on all continents and endemic in most African and Asian countries. Our island status makes it unlikely that rabies will be introduced through natural wildlife spread.

There are strict legal controls on the entry of animals into the UK aimed at preventing the introduction of rabies. If you are bringing a pet animal into the UK you must follow the requirements for pet travel. Rabies quarantine in the United Kingdom is now only for dogs, cats and ferrets that do not qualify for entry into the UK under these EU pet movement rules. A new maximum quarantine period of 4 months was introduced on 29 December 2014.

The largest risk for rabies entering the UK is through an infected animal imported into the country illegally. Experts have assessed that by far the most likely scenario UK might face is that a single pet with rabies (re)entering the country from abroad without meeting all legal border controls, and subsequently is diagnosed as having rabies, and as being the initial source of the infection. In virtually all cases of rabies brought into Europe in the last decade by illegal pet movements the initial pet that had brought in the rabies was identified. This makes control of the disease spread easier and quicker than a scenario where a series of infected animals are found, and none has recently being abroad.

Rabies affects bats as well as terrestrial mammals. A strain of rabies called European Bat Lyssavirus (EBVL 2) has been found in Daubenton’s bats in the UK on seven occasions. There was also a fatal human case of rabies from a bat bite in Scotland in December 2002. There are no known cases of other animals developing bat rabies in the UK, but the potential exists for such an outbreak to occur.

Transmission depends upon close contact with a live, infected animal. People become infected mainly from bites by animals showing clinical signs of disease. Dogs are the most common source of human infection. If the disease became established in the country, urban foxes could also pose a significant risk.

Transmission of the virus can occur through mucous membranes, but not intact skin. Airborne transmission is believed to have occurred in two laboratory workers in the USA; however, airborne transmission of rabies virus is considered a rare event.
If infection becomes established in the country, infected wildlife (particularly the red fox) or infected companion animals would be the most likely source. Worldwide, dogs account for around 99% of human infections and infected livestock are regarded as “dead-end” hosts for the disease. Since farm animals tend to get paralytic disease rather than the furious form they do not generally attack other animals or people, and do not pose a significant threat to the general public. However, on occasions they may transmit the disease to their handlers.

The majority of human cases in France during the epidemic of sylvatic rabies were attributed to livestock contact. Infected meat or milk from affected animals could in principle be a source if they were consumed, but this is unlikely. The risk from this source is believed to be very low and would be reduced even further by cooking.

Currently the greatest risk is to people who illegally import mammals from countries where rabies is endemic, or who accidentally contact animals imported inadvertently in freight etc. Those who work in quarantine kennels and those who work with bats are at risk of exposure and are normally vaccinated to mitigate the risk. People who may otherwise come into contact with bats may be at risk, such as builders working in roof spaces where bats roost.

In the event of an outbreak, anyone who handles suspect animals in the infected area is potentially at risk.

M5. Control Measures

M5.1 Overview of Control Measures Currently in Place

- Prevention of introduction by import controls, including EU pet movement rules, quarantine and post import checks.
- Statutory notification of suspicion of disease in any animal followed by investigation.
- Statutory powers to control outbreaks including those to impose restrictions on:
  - Movement of animals
  - Confinement and control of pets
  - Seizure and detention or destruction of animals not properly controlled
  - Compulsory vaccination of animals
  - Prohibition of gatherings of animals or activates likely to disperse wildlife
  - Vaccination or destruction of wildlife in defined areas
• Payment of compensation at market value for animals compulsory culled (except for animals in quarantine).
• Observation of Suspect Cases: rabid terrestrial mammals are generally only capable of transmitting disease during a limited period of a few days just before they die of rabies. If a terrestrial mammal is still healthy 15 days after the biting/scratching incident, then it can be assumed that it did not transmit disease at or before the incident. This is a guiding control principle for both human and animal contacts.

M5.2 Other Options for Control

Vaccination was previously permitted only for animals prior to export, animals in quarantine and some other specific uses. Since the advent of the EU pet movement rules, vaccination has been a tool freely available to veterinary surgeons, although its use still tends to be limited to animals travelling abroad but it would be extended to other animals in the face of an outbreak.

M6. Control Zones which may be declared

<table>
<thead>
<tr>
<th>Statutory Instrument</th>
<th>Zone</th>
<th>Stage Declared</th>
<th>Area</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Rabies Control Order (1974)</td>
<td>Infected Area</td>
<td>Minister believes or suspects existence of rabies in previous 6 months</td>
<td>The area where rabies considered to exist or have existed in previous 6 months and any adjoining area that might spread to.</td>
<td>Schedule 3</td>
</tr>
</tbody>
</table>

M7. Lead Responder Control Measures Under Statutory and Regulatory Powers and Responsibilities

M7.1 Local Authorities Principal Role

• Enforcement of EU Pet movement regime
• Enforcement of the Control Order
• Control of stray animals in an Infected Area
• Establishing a Stray Animal pound
• Humane destruction and disposal of unclaimed strays

M7.2 Animal and Plant Health Agency (APHA) Principal Role

• Animal Health will lead in the event of an outbreak of animal rabies
• In view of potential risk of spill over of disease to mankind there will be close liaison with both National and Local health boards
• Stand up the LDCC

M7.3 NHS Boards Principal Role

• Provide pre-exposure immunisation to ‘at risk groups’
• Provide medical treatment and advice to persons presenting with potential rabies prone exposure (PRPE)
• Carry out risk assessment for requirement of post exposure prophylaxis (PEP)
• Deploy Competent Person in Public Health Medicine as part of LDCC Management Control Team
• Provide representative to National IMT
• Contribute to the Communications Strategy, risk communication and public facing messages in respect of matters affecting public health

M7.4 Health Protection Scotland (HPS)

• Convene National IMT to coordinate public health response
• Provide expert public health advice to responding agencies
• Provide operational support to NHS boards in relation to the public health response to the incident

M7.5 Police Scotland Principal Role

Police Scotland should be aware that under Article 4 of the Rabies (Control) Order 1974 there is a legal duty on any person who knows or suspects that an animal is suffering from rabies, or had died from the disease, to report this to the Local Authority (LA), the local Animal and Plant Health Agency (APHA) office or the Police under article 4 of the Rabies (Control)
Order 1974. In reality reports are most likely to be made to APHA. If Police take a report call they should contact the local APHA office in Scotland immediately for advice. Police Scotland’s main roles would be:

1. Assist local authorities enforce restrictions
2. Provide support for any public disturbance/public safety issues
3. Local authorities and the police have the power to seize animals if the owner fails to comply with any rabies control provisions
4. Deal with access issues to domestic dwellings
5. Provide assistance to APHA through the provision of specialist knowledge in the area of management and co-ordination of major incidents
6. Work in partnership with local authorities and APHA to consider local intelligence
7. Ensure Corporate Communications are informed
8. If required, execute and enforce Section 60(1) of the Animal Health Act 1981 e.g. powers of entry, search and arrest
9. If required, execute and enforce Section 49 and Schedule 1 of the Animal Health and Welfare (Scotland) Act 2006 e.g. entry and search, stopping and detaining vehicles and arrest without warrant
10. If required, provide representation at Amber Teleconference.
11. If required, attend DSG
12. Maintain links between resilience partnership and disease control centre response by attending LDCC-MCT and NDCC ensuring representation to NDCC birdtable and input to the OCC overnight reports

M7.6 Scottish Government Principal Role

- Scottish Government Resilience Room will monitor the progress and brief Scottish Ministers
- Liaise with LDCC and resilience partners and provide assistance where required
- Lead the communications to ensure consistency of message
- Laying, monitoring and uplift of baits (pre-bait, vaccines and/or poison bait) to control spread in wildlife

M8. First Aid

M8.1 Biting and Scratching incident
If anyone is bitten or scratched by the suspect animal, immediate local treatment is of the paramount importance. The wound should be cleaned by thorough flushing under a running tap for several minutes and washing with soap or detergent and water. A virucidal agent such as povidone-iodine solution or 40-70% alcohol should be applied and the wound covered with a simple dressing. Primary suturing of the wound should be avoided as this may increase risk of introduction of rabies virus to the nerves.

A full and expert risk assessment must be promptly carried out and appropriate management agreed in consultation with the local ID Clinician. Management may include administration of rabies immunoglobulin and vaccine, or rabies vaccine alone.

**M8.2 Saliva contamination of broken skin or mucous membranes**

Where the suspect animal has licked broken skin or where there has been saliva contact with mucous membranes (eyes, nose or mouth) there is a risk of infection. The area should be washed or irrigated thoroughly with clean water as soon as possible and expert advice sought as above, to assess risk and agree management.

Rabies virus does not cross intact skin and so hands should be washed with soap (or detergent) and water. Clothes must be changed if contaminated with suspect animal discharges and subject to a thorough clean, preferably under the direction of Animal and Plant Health Agency staff or the medical authorities.

**M8.3 Further Information**

Additional information on immunisation against infectious disease is available at:

1. Rabies: Guidance on Prophylaxis and Management in Humans in Scotland:  

   and also:

2. Immunisation Against Infectious Disease
Chapter 27 of this specifically includes information on rabies.
Appendix N: Swine Fever (SF)

N1. Introduction

This appendix covers two separate diseases, Classical Swine Fever (CSF) and African Swine Fever (ASF). Both can cause severe illness in pigs and wild boar, but do not infect other animals. The diseases are very similar and will be discussed together. The symptoms of both diseases are almost identical and laboratory diagnosis is necessary to distinguish between them. Disease presentation can vary from pigs dying after a short illness with fever and discoloration of skin, through ill pigs with diarrhoea, respiratory and nervous signs to pigs showing only mild signs. Currently there is no effective vaccine against ASF and EU law therefore prohibits vaccination. Routine vaccination for CSF is prohibited and is unlikely to be considered as an appropriate control measure in the initial stages, or during a controlled CSF outbreak but may be considered during a prolonged epidemic.

The Scottish Government’s response to a swine fever outbreak is outlined in the Scottish Government’s Exotic Diseases of Animal Generic Contingency Framework Plan. The Disease Control Strategy for African and Classical Swine Fever in GB contains a more detailed response to an outbreak of ASF or CSF and can be found at either http://www.gov.scot/africanswinefever or http://www.gov.scot/classicalswinefever. During an outbreak of swine fever in Scotland or elsewhere in GB those web pages will be supplemented with additional information specific to the disease outbreak.

N2. Legislation and National Control Strategy

<table>
<thead>
<tr>
<th>Year</th>
<th>Disease Orders</th>
<th>Statutory Instrument Number</th>
<th>Hyperlink</th>
</tr>
</thead>
</table>
N3. Possible Impact

The pig sector in Scotland is highly concentrated with around 57% of the total herd located in the North East. There are around 300,000 pigs, which are worth around £63 million to the Scottish economy. Due to the highly concentrated nature of the Scottish pig herd, the impact of either CSF or ASF could be considered high.

N4. Public Health

CSF and ASF do not affect humans.

N5. Risk of Introduction of Infection and Spread of Disease

CSF is endemic in parts of Asia, Central and South America Africa, Sardinia and in wild boar in parts of Europe. ASF is endemic in sub-Saharan Africa and also in Sardinia, and has spread through wild boar in parts of Eastern Europe. The last outbreak of CSF in GB was in 2000; there has never been an outbreak of ASF in GB. The greatest risk factor for introduction of disease is pigs eating contaminated imported pork products. Disease can also enter the country via imported pigs, contaminated vehicles and personnel. Control measures are in place to prevent introduction of disease by restricting imports from high-risk areas. Smuggled goods may introduce infection.

Spread is often by pigs that are apparently healthy; that is, pigs incubating disease or pigs that have recovered and are now carriers. The viruses can survive for long periods. Pigs can be infected by trucks, lorries, market places, and loading ramps (in or over which infected animals have travelled) or boots, clothing, and hands of a stockperson who has attended diseased pigs.
N6. **Lead Responder Control Measures Under Statutory and Regulatory Powers and Responsibilities**

**N6.1 Local Authority Principal Role**

- Enforcing movement restrictions.
- Enforcing of cleansing and disinfection requirements.
- Erection of signage and dissemination of guidance and information.
- Stand down and recovery.

**N6.2 Animal and Plant Health Agency (APHA) Principal Role**

- Respond to and investigate all reports of suspect notifiable disease.
- Lead agency in the instigation of local response to disease outbreak.
- Convene the NDCC, LDCC and FOB
- Supervise the welfare of animals being culled.
- Surveillance and blood sampling of animals to demonstrate absence of disease and thus gain recognition of disease freedom.

**N6.3 Scottish Government Principal Role**

- Ensure necessary legislation is in place.
- Make and disseminate policy decisions.
- Make and disseminate guidance and information on disease control.
- Communicate with field staff and enforcement bodies (such as local authorities).
- Handle policy issues as well as share disease control developments with SGoR, NDCC, other UK Rural Affairs departments and the EU.
N.6.4 Following Suspicion of Disease

- A restriction notice is served on the suspect premises while examination of animals is carried out. If veterinary examination cannot rule out Swine Fever, a Temporary Control Zone (TCZ) of 10 km may be imposed if considered necessary.
- The TCZ measures would restrict the movement of pigs.

N.6.5 Following Confirmation of Disease

- There is no requirement under existing legislation for a national movement ban.
- An Infected Area, consisting of a Protection Zone and Surveillance Zone will be established.
- The Protection Zone will be at least 3 km from the Infected Premises and the outer boundary of the Surveillance Zone will at least 10 km.
- The Infected Area measures will include movement restrictions and enhanced biosecurity.
- Some movements will be allowed under a general or specific movement licence according to risk assessment.
- A central cleansing and disinfection point would be necessary but the throughput would be much less than that for Foot and Mouth Disease.
- Public access to land will be prevented only on farms where disease is believed to exist. Footpaths in the Infected Area will remain 'open'.
- All pigs on Infected Premises and those considered to be Dangerous Contacts will be destroyed. The preferred methods of disposal will by commercial rendering or incineration under official supervision of APHA.
## Control Zones which may be declare

<table>
<thead>
<tr>
<th>Statutory Instrument</th>
<th>Zone</th>
<th>Stage Declared</th>
<th>Area</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Diseases of Swine Regulations 2014</td>
<td>Temporary Control Zone</td>
<td>Suspicion (Not mandatory)</td>
<td>Any size considered by Scottish Ministers</td>
<td>Regulation 9</td>
</tr>
<tr>
<td></td>
<td>Protection Zone (PZ)</td>
<td>Confirmation</td>
<td>3 Km (minimum)</td>
<td>Regulation 23 Part I of Schedule 3 Schedule 4</td>
</tr>
<tr>
<td></td>
<td>Surveillance Zone (SZ)</td>
<td>Confirmation</td>
<td>10 Km (minimum)</td>
<td>Regulation 23 Schedule 3 Part 2 (except para 12) Schedule 4</td>
</tr>
<tr>
<td></td>
<td>Feral Pig Investigation Zone</td>
<td>Suspicion in Feral Pigs</td>
<td>Any size considered by Scottish Ministers</td>
<td>Regulation 20 Schedule 2 (some or all measures)</td>
</tr>
<tr>
<td></td>
<td>Feral Pig Control Zone</td>
<td>Confirmation in Feral Pigs</td>
<td>Any size considered by Scottish Ministers</td>
<td>Regulation 21 Schedule 2 (some or all measures)</td>
</tr>
</tbody>
</table>